

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033127

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 5935 Registrar's No. 310

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 12 1963	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SEDALIA</u> Length of stay in lb _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hi-Way #65 North</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>4120 E. 6th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CLYDE</u> Middle <u>John</u> Last <u>MOODY</u>	4. DATE OF DEATH Month <u>SEP.</u> Day <u>7</u> Year <u>1963</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>FEB. 19, 1896</u>
9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>CLERK (RET.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>
11. BIRTHPLACE (City and state or country) <u>SALINE Co. MO</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Adolphus Moody</u>	13b. MOTHER'S MAIDEN NAME <u>Mollie Yates</u>
14. NAME OF HUSBAND OR WIFE <u>Nettie</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>YES W.W.I.</u>
16. SOCIAL SECURITY NO. _____	17. INFORMANT <u>Kenneth Moody - 4120 E. 6th</u> Address <u>K.C. Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull and crushing injury to chest result from automobile accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Car went into ditch, Penney</u>	20c. TIME OF INJURY Hour <u>11:15 P.M.</u> Month, Day, Year <u>Sep. 7-1963</u>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>N. 65 Hi-Way</u>
20f. CITY, TOWN, OR LOCATION <u>Corriner</u> COUNTY <u>Pettis Co Mo.</u> STATE _____	21. I viewed the deceased from <u>at corner</u> and last saw him alive on _____ Death occurred at <u>11:15 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) <u>Chas. Landon Stauffer M.D.</u>	22b. ADDRESS <u>Corriner, Pettis Co</u>
22c. DATE SIGNED <u>9-8-63</u>	23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>
23b. DATE <u>Sept. 10, 1963</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Ridge Park</u>
23d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>	24. FUNERAL DIRECTOR <u>Mc Laughlin Bros. Sedalia Mo</u>
25. DATE RECD. BY LOCAL REG. <u>Sept 9, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>

VS 300 Rev. 4/59

10800

23198-

3

4 0

5 1

6

7 0

8 2

9 X

10

11 090

12 91-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

SEP 18 1963

0000
3153

0
5

000
0-19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed J. P. M. Lary

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.