

FILED AUG 19 1955

STANDARD CERTIFICATE OF DEATH

28782

State File No.

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas		b. COUNTY Independence	
b. CITY (If outside corporate limits, write RURAL and give township) Warrenton		c. LENGTH OF STAY (in this place) 3 years		c. CITY (If outside corporate limits, write RURAL and give township) Batesville 8038	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Mary	b. (Middle) Jane	c. (Last) Moody	Aug. 11, 1955		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 26, 1880	9. AGE (In years last birthday) 74	# UNDER 1 YEAR Months 11	TEAR Days 15	# UNDER 24 HRS. Hours 0	Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Farrester	13b. MOTHER'S MAIDEN NAME Tobitha ?	14. NAME OF HUSBAND OR WIFE John Moody
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Dan Moody, Warrenton, Mo. Rt. 2	ADDRESS Mo. Rt. 2
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis of the throat		1 day

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 11, 1955, to Aug 11, 1955, that I last saw the deceased alive on Aug 11, 1955, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. C. Johnson M.D.	(Degree or title)	23b. ADDRESS Warrenton, Mo	23c. DATE SIGNED 8/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 15, '55	24c. NAME OF CEMETERY OR CREMATORY Wayland Arbor Cem.	24d. LOCATION (City, town, or county) (State) Tuka, Arkansas
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DATE REC'D BY LOCAL REG. 8-15-55	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE Dillinger Fun'l. Home	ADDRESS Newport, e. Ark.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....
Licensed Embalmer No. 4809

P. O. Address Warrenton, Mo

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

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