

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24731

State File No.

FILED AUG 9 - 1956

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 635

1. PLACE OF DEATH a. COUNTY RIPLEY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY RIPLEY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DONIPHAN		c. CITY OR TOWN DONIPHAN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) YEARS		No. STREET ADDRESS (If rural, give location) 407 FIRST STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 407 FIRST STREET			

3. NAME OF DECEASED (Type or Print)	a. (First) STELLA	b. (Middle) J.	c. (Last) MOORE	4. DATE OF DEATH (Month) (Day) (Year) JUNE 27-1956
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 21-1890	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 5 Days 6	IF UNDER 24 HRS. Hours Min.
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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 AT HOME	11. BIRTHPLACE (City and State or Foreign Country) RIPLEY COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME JAMES CAMP	13b. MOTHER'S MAIDEN NAME NANCY JANE CAMP	14. NAME OF HUSBAND OR WIFE ARCH Y. MOORE
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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 A.Y. MOORE JR. ADDRESS DONIPHAN, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) _____		5 months
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Nov 1 1955 to June 27 1956 that I last saw the deceased alive on June 20 1956, and that death occurred at 7:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD	23b. ADDRESS Doniphan Mo.	23c. DATE SIGNED 7-1-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6/29/1956	24c. NAME OF CEMETERY OR CREMATORY DONIPHAN CEMETRY	24d. LOCATION (City, town, or county) (State) DONIPHAN, MISSOURI
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DATE REC'D BY LOCAL REG. 7-13-56	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE EDWARDS FUNERAL HOME ADDRESS DONIPHAN, MO
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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Gene Warren

Licensed Embalmer No. *4809*

P. O. Address *Doripha*

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.