MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-007584

STATE FILE NUMBER

PARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 20

FILED MAR 13 1962

1. PLACE OF DEATH
a. COUNTY Ripley
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan — Length of stay in 1b Mins.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Ripley Co. Memorial Hosp. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ripley
c. CITY OR TOWN Doniphan — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R#2 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Effie May Moody

4. DATE OF DEATH Month Day Year: Feb. 11, 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11-13-88
9. AGE (last birthday): 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Egg Candler
10b. KIND OF BUSINESS OR INDUSTRY: Factory
11. BIRTHPLACE (City and state or country): Indianapolis, Ind.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Hoover
13b. MOTHER'S MAIDEN NAME: Ida Stutsman
14. NAME OF HUSBAND OR WIFE: Marshall A. Moody

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: William Moody — Address: Doniphan, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	15 yrs.
DUE TO (c)	Secondary myocarditis	8 yrs.

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1/15/61, to 2/11/62 and last saw her alive on 2/8/62
Death occurred at 4:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Cyril C. Post M.D.
22b. ADDRESS: Poplar Bluff Mo.
22c. DATE SIGNED: 3/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb 12, 1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Ripley County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Edwards Funeral Home Doniphan Mo.
25. DATE RECD. BY LOCAL REG.: 3-6-62
26. REGISTRAR'S SIGNATURE: Flava Broz

(Licensed embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 A Parrent

Licensed Embalmer No. 4809

P. O. Address Naylor, 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.