

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6036 State File No. 28655

BIRTH NO.		REG. DIST. NO. 301		PRIMARY REG. DIST. NO. 4450		Registrar's No. 473			
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 OR TOWN Rural - SHIRLEY		c. LENGTH OF STAY (in this place) LIFE		c. CITY OR TOWN RURAL		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION WEST DONIPHAN				No. STREET ADDRESS (If rural, give location) WEST DONIPHAN 0910 0					
3. NAME OF DECEASED (Type or Print) a. (First) ELLA b. (Middle) MAE c. (Last) MOREY			4. DATE OF DEATH (Month) (Day) (Year) AUG. 4-1954						
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 25-1883			
9. AGE (In years) 70		IF UNDER 1 YEAR Month 9 Days 9		IF UNDER 1 HRS. Hours 9 Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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 CO. MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME WESLEY HONEYCUTT			13b. MOTHER'S MAIDEN NAME DOLLIE FORREST		14. NAME OF HUSBAND OR WIFE ROY MOREY				
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 ADDRESS ROY MOREY - DONIPHAN - MO.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Debilitation of aged. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 794X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 7-1 , 19 54 , to aug 4 , 19 54 , that I last saw the deceased alive on aug 4 , 19 54 , and that death occurred at 4 1/2 m., from the causes and on the date stated above.									
23a. SIGNATURE [Signature]				23b. ADDRESS Doniphan Mo		23c. DATE SIGNED 8-5-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 7-1954		24c. NAME OF CEMETERY OR CREMATORY DAK GROVE CEM.		24d. LOCATION (City, town, or county) (State) DONIPHAN - MISSOURI			
DATE REC'D BY LOCAL REG. 8-30-54		REGISTRAR'S SIGNATURE [Signature] 277-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS EDWARD'S FUNERAL HOME DONIPHAN - MO.					

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 H. Parent

Licensed Embalmer No. *480*

P. O. Address *Donipha*

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.