

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37583

FILED NOV 30 1955

State File No. ....

BIRTH NO. .... REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 5824 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). - a. STATE <u>Missouri</u> <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - St. John</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>East Prairie</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital of institution, give street address or location) HOSPITAL OR INSTITUTION <u>10 miles S. E. of East Prairie</u>		e. STREET ADDRESS (If rural, give location) <u>06 1/2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>J.</u> c. (Last) <u>MORIARTY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8, 1955</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 26, 1873</u>	9. AGE (In years) (Month) (Day) (Year) <u>82</u>	IF UNDER 1 YEAR	IF UNDER 1 HR.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden Tenn</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Tom Moriarty</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Watson</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Ella Moriarty</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>331x</u>	17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Nancy Ella Moriarty, East Prairie</u>
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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
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>	DUE TO (b) <u>Arteriosclerosis</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS	<u>Senility</u>		<u>331x</u>

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)	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, 1955 to Nov 7, 1955; that I last saw the deceased alive on Nov 7, 1955; and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. A. H. Kempfield, D.O.</u>	23b. ADDRESS <u>East Prairie</u>	23c. DATE SIGNED <u>11-13-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>J. O. O. F.</u>	24d. LOCATION (City, town, or county) (State) <u>Chapleton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-20-55</u>	REGISTRAR'S SIGNATURE <u>James S. Volney</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Wm. Shelby - East Prairie</u>	ADDRESS <u>...</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED NOV 28 1955  
NEW MADRID CO. HEALTH CENTER  
P. J. S.

**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 Walter Shelby

Licensed Embalmer No. 494

P. O. Address East Hill

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.