

FILED JUN 10 1957

STANDARD CERTIFICATE OF DEATH

57 0 1 8 0 2 3
STATE FILE NUMBER

Registration District No. 238

Primary Registration District No. 5824

Registrar's No. 22

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> b. COUNTY <u>New Madrid</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Johns</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Barnes Ridge</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barnes Ridge</u>		Length of stay in 1b <u>30 years</u>	d. STREET ADDRESS (If outside, give location) <u>Star Pt. East Prairie</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Ella Ellis Moriarty</u>			First	Middle	Last
4. DATE OF DEATH <u>5-1-57</u>			Month	Day	Year
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-5-1875</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months
		WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			IF UNDER 24 HRS. Days
					Hours
					Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Barnes Ridge, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Joe Ellis</u>			14. MOTHER'S MAIDEN NAME <u>Frances Priar</u>		
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.	17. INFORMANT <u>Thurman Moriarty</u> Address <u>East Prairie Star Rt.</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4221</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <u> </u> a. m. <u> </u> p. m. <u> </u>			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>Aug. 16 1953</u> to <u>Apr. 20 1957</u> and last saw ^{her} _{him} alive on <u>Apr. 30, 1957</u> Death occurred at <u>10: A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Travis Shelby Jr. D.O.</u>			22b. ADDRESS <u>East Prairie Mo</u>		22c. DATE SIGNED <u>5-4-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-3-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.o.o.F.</u>	23d. LOCATION (City, town, or county) (State) <u>Mississippi County Mo.</u>		
24. FUNERAL DIRECTOR <u>Travis Shelby Jr. East Prairie Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>10 May 57</u>	26. REGISTRAR'S SIGNATURE <u>Fay Hedgcock</u>	

DATE RECEIVED111N ..3 1957
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 Travis Shelby Jr.

Licensed Embalmer No. 49

P. O. Address East Pr...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.