

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9585

FILED MAR 28 1950

State File No. _____

3610
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BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon Hudson</u>		c. LENGTH OF STAY (in this place) <u>4 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bevier Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Lake View Post Home</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Murphy</u> c. (Last) <u>Mooke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-6-50</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-8-81</u>		9. AGE (In years last birthday) <u>69</u>	
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 (State or foreign country) <u>Yabette Co. Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>G.W. Evans</u>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Influenza</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 days</u> <u>48 hr</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) (Min.) _____		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 <u>Feb. 26, 1950</u> , to <u>March 6, 1950</u> , that I last saw the deceased alive on <u>March 5, 1950</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>A. L. Edwards, D.O.</u> (Degree or Title)		23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>3/11/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Church Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Bevier Mo</u>			
DATE REC'D BY LOCAL REG. <u>3/21/50</u>	REGISTRAR'S SIGNATURE <u>Cluth McNeely</u> / 80		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. L. Edwards</u> ADDRESS <u>Bevier Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3/23/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 3/50/56
Date Filed 3/25/50

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

working under my personal supervision.

Student Embalmer No.

Signed

J. S. Edwards

Signed
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address *Brewer, 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 this body is not embalmed, fact should be so stated above.