

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42319

State File No. _____

No. 300

10-48 FILED JAN 7 1952

BIRTH NO. _____		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 5779		Registrar's No. 46			
1. PLACE OF DEATH a. COUNTY Miller				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MILLER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - FRANKLIN		c. LENGTH OF STAY (in this place) lifetime		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - FRANKLIN 0660		d. STREET ADDRESS (If rural, give location) 1/4 mi - So - Eldon			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1/4 mi So - ELDON				3. NAME OF DECEASED a. (First) Amburs - Monroe b. (Middle) c. (Last) Staples					
4. DATE OF DEATH (Month) (Day) (Year) DEC 21 1951		5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE			
8. DATE OF BIRTH 1 MARCH 1882		9. AGE (In years last birthday) 69		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL - WORK			
11. BIRTHPLACE (State or foreign country) MILLER - CO - MO		12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME BOON - STAPLES		13b. MOTHER'S MAIDEN NAME MARY - BUNCH			
14. NAME OF HUSBAND OR WIFE NONE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY - REA - ELDON - 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease 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 5 months	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NONE					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? NONE					
22. I hereby certify that I attended the deceased from July 5, 1951, until Dec 21, 1951, that I last saw the deceased alive on Dec 21, 1951, and that death occurred at 2:45 P. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. E. Murrell, D.D.				23b. ADDRESS Eldon, Mo.		23c. DATE SIGNED 12/22/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 26 Dec 1951		24c. NAME OF CEMETERY OR CREMATORY DOOLEY		24d. LOCATION (City, town, or county) (State) MILLER - CO MO			
DATE REC'D BY LOCAL REG. Dec. 21, 1951		REGISTRAR'S SIGNATURE Adveretta Walters		25. FUNERAL DIRECTOR'S SIGNATURE Keith McRay		ADDRESS ELDON MO			

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

0660

JAN 3 1952
MILLER COUNTY HEALTH
DEPARTMENT

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
Student Embalmer

Signed *Keith M. Kays*
Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.