

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27879**

FILED SEP 2 - 1952

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 42

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| 1. PLACE OF DEATH a. COUNTY Howell <i>0461</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell <i>0460</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Howell Township <i>0</i> | |
| c. LENGTH OF STAY (in this place) 8 days | | d. STREET ADDRESS (If rural, give location) Bx 323, West Plains, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan Hospital | | | |

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|-------------------------------------|-----------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Ida | b. (Middle) Eliza | c. (Last) Murray | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 26, 1952 |
|-------------------------------------|-----------------------|--------------------------|-------------------------|--|

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|----------------------|-------------------------------|---|--------------------------------------|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 | 8. DATE OF BIRTH June 8, 1882 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady | 10b. KIND OF BUSINESS OR INDUSTRY Department Store | 11. BIRTHPLACE (State or foreign country) Iva Log, Georgia / | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Elijah Cearley | 13b. MOTHER'S MAIDEN NAME Jane Thompson | 14. NAME OF HUSBAND OR WIFE John W. Murray |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 496-26-1716 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Cassie Martens, W. Plains, Mo. | ADDRESS |
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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Rectum | | INTERVAL BETWEEN ONSET AND DEATH 2 years |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 154X | 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 8-1, 1952, to 8-26, 1952, that I last saw the deceased alive on 8-26, 1952, and that death occurred at 3:10 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) M. Case M.D. 0 | 23b. ADDRESS West Plains Mo. | 23c. DATE SIGNED |
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|---|--------------------------------|---|---|
| 24a. BURIAL CREMATION, REMOVAL (Specify) Removal # | 24b. DATE Aug. 28, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cem. | 24d. LOCATION (City, town, or county) (State) Jackson County, Missouri |
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| DATE REC'D BY LOCAL REG. 8-28-52 | REGISTRAR'S SIGNATURE Beatrice Cook | 25. FUNERAL DIRECTOR'S SIGNATURE Hal Lambing | ADDRESS W. Plains, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 22 1954

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.