

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34650**

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

NOV 3 1952

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		c. LENGTH OF STAY (in this place) 61 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION North Walnut St		d. STREET ADDRESS (If rural, give location) N. Walnut St	

3. NAME OF DECEASED a. (First) Mrs. b. (Middle) Sarah c. (Last) Patience Edna Murry (Type or Print)			4. DATE OF DEATH Oct. 26 1952 (Month) (Day) (Year)			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH May 18 1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Bolckow, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME John Bailey		13b. MOTHER'S MAIDEN NAME Sarah Jane Brown		14. NAME OF HUSBAND OR WIFE John Murry		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Earl Murry Stanberry Mo. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis - Sclerosis 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 6 days 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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>1942</u> , 19 <u>42</u> , to <u>Oct 26, 1952</u> , that I last saw the deceased alive on <u>Oct 26, 1952</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE P. F. Mullenbach M.D. (Degree or title)			23b. ADDRESS Stanberry Mo.		23c. DATE SIGNED 10-27-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/28/52	24c. NAME OF CEMETERY OR CREMATORY Hig Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Stanberry, Mo.			
DATE REC'D BY LOCAL REG. 10-28-52	REGISTRAR'S SIGNATURE Lena Fore 462-0	FUNDAL DIRECTOR'S SIGNATURE Patricia Phillips		ADDRESS Stanberry Mo.		

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 _____

Leroy F. Phillips

Licensed Embalmer No. 1898

P. O. Address Stoneman, Md

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.