

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42945

State File No. _____

FILED DEC 17 1952

BIRTH NO. _____		REG. DIST. NO. <u>248</u>		PRIMARY REG. DIST. NO. <u>5842</u>		Registrar's No. <u>17</u>		
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca, Route 2 (Dayton)</u>		c. LENGTH OF STAY (in this place) <u>32 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Seneca, Mo. DAYTON Twp.</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home.</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2. 0730</u>				
3. NAME OF DECEASED (Type or Print) <u>Josephine Murray</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3. 1952.</u>		
5. SEX <u>F. Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow.</u>		8. DATE OF BIRTH <u>April 19. 1869</u>		
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 12 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Ownhome.</u>		11. BIRTHPLACE (State or foreign country) <u>Madison County, Arkansas.</u>		12. CITIZEN OF WHAT COUNTRY? <u>America.</u>	
13a. FATHER'S NAME <u>Gabel Loving.</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>none.</u>		
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. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Orpha Clark, Seneca, Mo. R. R. 2</u>			
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>Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>6 months</u> <u>8 yrs</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>Aug. 15, 1946</u> , to <u>Dec. 3, 1952</u> , that I last saw the deceased alive on <u>Dec. 1, 1952</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John B. Roberts, M.D.</u> (Degree or title)				23b. ADDRESS <u>P.O. Box 294 Seneca, Mo.</u>		23c. DATE SIGNED <u>12/6/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec. 5, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Wood Southwest of Neosho, Mo.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>12-6-52</u>		REGISTRAR'S SIGNATURE <u>Myrtle Britz dep. J. R. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Roberson-Hunter Funeral Home, Picher, Okla</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

730
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REIVED

Health Officer No. _____

File Number 127-384

filed DEC 16 1957

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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 _____

Roberson - Hunter Funeral Home

working under my personal supervision.

Student Embalmer No.

Signed

Clarence L. Roberson

Signed.....
Student Embalmer

Licensed Embalmer No. 1289

P. O. Address Picher, Okla

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.