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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18727**

FILED JUN 8 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **4320** Registrar's No. **24**

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

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1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Palmyra</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Palmyra</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		8640	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>S. Ashland Street</b>		d. STREET ADDRESS (If rural, give location) <b>S. Ashland Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>Edna</b> c. (Last) <b>Legg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 10 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>14 April 1881</b>		9. AGE (in years last birthday) <b>72</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Lewis County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>John Murdock</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Wallace</b>		14. NAME OF HUSBAND OR WIFE <b>George W. Legg</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Everett Stevens</b> ADDRESS <b>Palmyra, Mo.</b>	

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) <b>Carcinoma of liver</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>
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.					

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) <b>1561</b>	
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 **Mar 15, 1953**, to **May 10, 1953**, that I last saw the deceased alive on **May 10, 1953**, and that death occurred at **11:40 pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. H. Keel M.D.</b> (Degree or title)		23b. ADDRESS <b>Palmyra Mo</b>		23c. DATE SIGNED <b>5/18/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12 May 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	
		24d. LOCATION (City, town, or county) (State) <b>Palmyra, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>5/19/53</b>		REGISTRAR'S SIGNATURE <b>Ref. Viola Lee, Sup.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lewis Brothers</b> ADDRESS <b>Palmyra, Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED JUN 11 1953  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 11 1953

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 George M. Lewis

Licensed Embalmer No. 4851

P. O. Address Valmora, 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.