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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28324

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 736

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 90 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1127 South Weller

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): 1127 South Weller 0

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): MC MURICK
c. (Last): KILHAM

4. DATE OF DEATH (Month) (Day) (Year): August 6 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 21, 1860
9. AGE (In years last birthday): 93 — 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: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Tonawanda, New York
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George B. McMurick
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: ____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs Frank E Adams, Springfield, Missouri

MEDICAL CERTIFICATION

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) Gen. Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) No particular terminal
DUE TO (c) infection or any particular organ breakdown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* (Hypertension — for 30 yrs)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 447X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* X, 1930, *to* Aug 6, 1953, *that I last saw the deceased alive on* July 26, 1953, *and that death occurred at* 9:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE Guy D Calloway (Degree or Title) MD
23b. ADDRESS Springfield Mo
23c. DATE SIGNED 8/8/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: August 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Maple Park
24d. LOCATION (City, town, or county) (State): Springfield, Missouri

DATE REC'D BY LOCAL REG.: 8-10-53
REGISTRAR'S SIGNATURE: Erick Williamson
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Alma Lohmeyer, Springfield, Mo. Burial

(Licensed Embalmer's Statement on Reverse Side)

Dr Ca

OCT 6 1959

FEB 3 1958

OCT 6 1958

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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Springfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.