

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39200

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 5548

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Rural Pleasant Hill	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) Baldwin Lake	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Lotis	b. (Middle) Velmer	c. (Last) Murray	4. DATE OF DEATH (Month) (Day) (Year) 11-23-1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-17-1905	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	IF UNDER 24 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pleasant Hope Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Elmer Murray	13b. MOTHER'S MAIDEN NAME Exonia Brockus	14. NAME OF HUSBAND OR WIFE Josephine Murray
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Josephine Murray	ADDRESS Pleasant Hill, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5810
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Secondary Hemorrhage 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"/>
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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) (Min.)	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 **Oct. 1953** to **11/23/53**, 19___, that I last saw the deceased alive on **11/22/53**, 19___, and that death occurred at **6 a m.**, from the causes and on the date stated above.

23a. SIGNATURE H. P. Boughnau (Degree or title) M.D.	23b. ADDRESS Pleasant Hill, Mo.	23c. DATE SIGNED 11/24/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-25-1953	24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	24d. LOCATION (City, town, or county) Pleasant Hill, Mo.
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DATE, REC'D BY LOCAL REG. 11-24-53	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Allen Brownfield	ADDRESS Pleasant Hill Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Bainbridge

SEP 27 1961

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 *Allen Brownfield*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill*

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.