

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

445

State File No. ....

FILED FEB 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5168 Registrar's No. 28

1. PLACE OF DEATH  
a. COUNTY Callaway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE Missouri b. COUNTY Callaway

b. CITY (If outside corporate limits, write RURAL and give township) Rural McCredie Twp.  
c. LENGTH OF STAY (in this place) 16 yrs

c. CITY OR TOWN Mc Credie Twp.  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Residence RFD McCredie Mo

e. STREET ADDRESS (If rural, give location) RFD McCredie Mo. 0140

3. NAME OF DECEASED (Type or Print)  
a. (First) Joseph b. (Middle) William c. (Last) Mc Murtry

4. DATE OF DEATH (Month) (Day) (Year)  
Jan. 12<sup>th</sup> 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 13 1895

9. AGE (In years, months, days, hours, min.)  
58

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John McMurtry

13b. MOTHER'S MAIDEN NAME Elizabeth McCubbin

14. NAME OF HUSBAND OR WIFE Vernie McMurtry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY # 491036 5700

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. Vernie McMurtry McCredie Mo.

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Anemia  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Polycystic Kidneys  
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  
4 days  
several yrs?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
7571

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) (Min.)

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 Jan 26, 1954 to Jan 27, 1954, that I last saw the deceased alive on Jan 27, 1954, and that death occurred at 6:15 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. H. Doman

23b. ADDRESS 1119 S. ...

23c. DATE SIGNED 1-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 29, 1954

24c. NAME OF CEMETERY OR CREMATORY East Lawn Mem. Park

24d. LOCATION (City, town, or county) (State) Mexico Missouri.

DATE REC'D BY LOCAL REG. Jan. 30-1954 REGISTRAR'S SIGNATURE Maretha Lawrence

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Maupin Funeral Home Fulton Mo

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

**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.....  
Signature of Student Embalmer

Signed *A. J. P. 55 on* .....

Licensed Embalmer No. *25*.....

P. O. Address *Pulmon*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.