

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5600

State File No.

FILED MAR 1 1954

REGISTRAR'S No. **75**

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4382		REGISTRAR'S No. 75	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parnell Mo		c. LENGTH OF STAY (in this place) ALL of Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Parnell Missouri		d. STREET ADDRESS (If rural, give location) no street Address	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home no street Address				d. STREET ADDRESS (If rural, give location) no street Address			
3. NAME OF DECEASED (Type or Print) a. (First) Eva			b. (Middle) Mae		c. (Last) Murdock		4. DATE OF DEATH (Month) (Day) (Year) Feb 16 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 16-1895	9. AGE (In years) (last birthday) 58	10. UNDER 1 YEAR (Month) (Day) 9 11	11. UNDER 1 MRS. (Hours) (Min.) 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Benton County Ind		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Sherman Bennett			13b. MOTHER'S MAIDEN NAME Eva Hamden		14. NAME OF HUSBAND OR WIFE Clyde Murdock		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clyde Murdock Parnell 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) auricular fibrillation				INTERVAL BETWEEN ONSET AND DEATH 5 yrs			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hyperthyroid heart disease				INTERVAL BETWEEN ONSET AND DEATH 5 yrs			
DUE TO (c) hyperthyroidism				INTERVAL BETWEEN ONSET AND DEATH 5 yrs			
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 2520				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 1-15-54 , 19 49 , to 2-15 , 19 54 , that I last saw the deceased alive on 2-15 , 19 54 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank B. Johnson M.D.				23b. ADDRESS Grant City, Mo		23c. DATE SIGNED 2-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb-18-1954		24c. NAME OF CEMETERY OR CREMATORY Parnell Cemetery		24d. LOCATION (City, town, or county) (State) Parnell Mo	
DATE REC'D BY LOCAL REG. 2-27-54		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE John Anderson		ADDRESS Grant City Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48
40
1

APR 1 1957

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 _____

John Andrews

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John Andrews

Licensed Embalmer No. *4211*

P. O. Address. *Grant City 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.