

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 9372BIRTH NO. FILED MAR 17 1954 REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 4313 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Macon</u>		
b. CITY OR TOWN <u>Elmer</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elmer</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u>			b. (Middle) <u>Ethel</u>		c. (Last) <u>Murry</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 5 1954</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 25 1887</u>		9. AGE (In years last birthday) <u>66</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Mark Houghton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McLean</u>		
14. NAME OF HUSBAND OR WIFE <u>Clyde T. Murry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>34-11-31143</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Swanson Smith</u>		17. ADDRESS <u>Elmer Mo</u>		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, athenia, etc. It means the disease, injury, or complication which caused death.		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute medullary failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral hemorrhage</u>		DUE TO (c) <u>cause unknown</u>		19. DATE OF OPERATION <u>None</u>		
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) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>None</u>		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 <u>March 5, 1954</u> , to <u>March 5, 1954</u> , that I last saw the deceased alive on <u>March 5, 1954</u> , and that death occurred at <u>5:15 P. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Mrs. Luteckahn D.C.</u>		(Degree or title)		23b. ADDRESS <u>Trickerville Mo</u>		
23c. DATE SIGNED <u>3-8-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 8 1954</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>Elmer</u>		24d. LOCATION (City, town, or county) (State) <u>Macon County Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. H. McCall</u>		
DATE REC'D BY LOCAL REG. <u>Mar 9-1954</u>		REGISTRAR'S SIGNATURE <u>Daphne Nowerton</u>		ADDRESS <u>South Gifford Mo</u>		

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1951 MAY 6 AM

RECEIVED 3.10.54
MACON COUNTY HEALTH DEPARTMENT

County File No. 9.54.35

Date Filed 3.12.54

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

working under my personal supervision.

Student Embalmer No.

Signed

W. H. McCallum

Signed.....
Student Embalmer

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.