

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11780**  
**376**

FILED APR 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LAWRENCE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>AURORA</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 DAY</b>		e. STREET ADDRESS (If rural, give location) <b>618 MADISON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOIS</b> b. (Middle) <b>MAY</b> c. (Last) <b>MURRAY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 12, 1954</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUGUST 18, 1901</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MARIONVILLE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>

13a. FATHER'S NAME <b>CLABE SULLIVAN</b>		13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE FORRESTER</b>		14. NAME OF HUSBAND OR WIFE <b>WIDOWED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO. <b>545-34-3684</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MAXINE MURRAY</b> ADDRESS <b>AURORA, MISSOURI</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cholelithiasis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>54 hrs</b>
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19a. DATE OF OPERATION <b>4/11/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cholelithiasis</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 (Month) (Day) (Year) (Hour) OF INJURY		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 Feb 2 - 1950, to April 12, 1954, that I last saw the deceased alive on April 11, 1954, and that death occurred at 8:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Leona Lockman M.D.</b>		23b. ADDRESS <b>609 Cherry St - Springfield</b>		23c. DATE SIGNED <b>4-12-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>4/12/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>AURORA, MISSOURI</b>	

DATE REC'D BY LOCAL REG. <b>4-13-54</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>OSCAR L. MARSH</b> ADDRESS <b>AURORA, MISSOURI</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 20 1933

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

~~by~~ by MYSELF, Student Embalmer No. ....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed OSCAR L. MARSH  
*Oscar L. Marsh*

Licensed Embalmer No. 3812

P. O. Address AURORA, MISSOURI

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.