

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **18726**Registrar's No. **32**

BIRTH NO.		REG. DIST. NO. 139	PRIMARY REG. DIST. NO. 4225	Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Holt			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 Oregon		c. LENGTH OF STAY (In this place) 5 Mos.	c. CITY OR TOWN Skidmore	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Browne Nursing Home			e. STREET ADDRESS (If rural, give location) 0740		
3. NAME OF DECEASED (Type or Print) a. (First) Stella b. (Middle) Pearl c. (Last) Murray			4. DATE OF DEATH (Month) (Day) (Year) June 21, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21, 1887	9. AGE (In years last birthday) 67	# UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Opr.		10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.	11. BIRTHPLACE (City and State or Foreign Country) Barnard, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Hoagland		13b. MOTHER'S MAIDEN NAME Hannah Elsworth		14. NAME OF HUSBAND OR WIFE Allen P. Murray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-03-9594		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Allen P. Murray, Skidmore, Missouri	
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) CEREBRAL HEMORRHAGE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) AT LEAST 2 PREVIOUS STROKES IN '53 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"/>	
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 7-27 , 19 53 , to 6-20-54 , 19 54 , that I last saw the deceased alive on 6-20 , 19 54 , and that death occurred at 11:55 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Harold E. Collins D.O.		23b. ADDRESS Oregon Mo.		23c. DATE SIGNED 6-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/24/1954		24c. NAME OF CEMETERY OR CREMATORY Burr Oak Cemetery	
24d. LOCATION (City, town, or county) (State) Nodaway County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Crawford Mound City, Mo.			
DATE REC'D BY LOCAL REG. 6-24-54		REGISTRAR'S SIGNATURE James Crawford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Crawford Mound City, Mo.	

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.....

Licensed Embalmer No. 479

P. O. Address. Mount Pleasant, S.C.

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.