

FILED JUL 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19948

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4414 Registrar's No. 39

0920

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

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PLATTE City, Carroll Full Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PLATTE City, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION PLATTE City, Mo. (HOME)		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) BESS b. (Middle) Newby c. (Last) MURRAY	4. DATE OF DEATH (Month) (Day) (Year) 6 17 1954
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1-9-1882	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER OF	10b. KIND OF BUSINESS OR INDUSTRY Abstract + title Bus.	11. BIRTHPLACE (State or foreign country) Weston, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MERRITT L. Newby	13b. MOTHER'S MAIDEN NAME AMNEY Layton	14. NAME OF HUSBAND OR WIFE Dr. Wilson MURRAY
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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 NUMBER UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. C.E. Woodson - PLATTE City, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pulmonary edema & Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH 4 mo's
	ANTECEDENT CAUSES (b) Intermittent heart block		
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) Diabetes - 4200 Guillain Barre's disease - 12 mo's		
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)	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 **July 1953** to **June 17, 1954**, that I last saw the deceased alive on **June 17, 1954**, and that death occurred at **1:20 P.M.** from the causes and on the date stated above.

23a. SIGNATURE William Obermeyer (Degree or title)	23b. ADDRESS Platte City, Mo.	23c. DATE SIGNED 6/22/54
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	24b. DATE 6-19-54	24c. NAME OF CEMETERY OR CREMATORY PLATTE City	24d. LOCATION (City, town, or county) (State) PLATTE City, Mo.
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DATE REC'D BY LOCAL REG. 6-19-54	REGISTRAR'S SIGNATURE B. P. R. R. R.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hollins & Mitchell Funeral Home Platte City
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NOV 9 1955



MAY 23 1955

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 _____
Student Embalmer

Signed Roland M. Giffey

Licensed Embalmer No. 47215

P. O. Address Platte 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.