No. 300
10.48

FILED AUG 23 1954

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

State File No. 29591

BIRTH NO. _____ REG. DIST. NO. 353 PRIMARY REG. DIST. NO. 6196 Registrar's No. 19

**1. PLACE OF DEATH**
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Licking
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Texas
c. CITY OR TOWN: Licking
Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): 1070 0

**3. NAME OF DECEASED** (Type or Print): a. (First) Martha b. (Middle) M c. (Last) McMurtrey

4. DATE OF DEATH (Month) Aug (Day) 14 (Year) 1954

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar 22 1879
9. AGE (In years last birthday): 75 Months | IF UNDER 1 YEAR Days | IF UNDER 1 DAY Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Texas Co Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Sursfull
13b. MOTHER'S MAIDEN NAME: Jane Hartman
14. NAME OF HUSBAND OR WIFE: John McMurtrey Decd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Effie Courtney Licking Mo

**MEDICAL CERTIFICATION**

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac & pulmonary failure — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiovascular renal disease
DUE TO (c) senility

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: 442 X
20. AUTOPSY? YES ☐ NO ☐

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1953, *to* Aug, 1954, *that I last saw the deceased alive on* Aug 14, 1954, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. J. Myers (Degree or title) D.O.
23b. ADDRESS: Licking, Mo.
23c. DATE SIGNED: 8-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/16/54
24c. NAME OF CEMETERY OR CREMATORY: Sursfull Cem
24d. LOCATION (City, town, or county) (State): Texas Co Mo.

DATE REC'D BY LOCAL REG.: Aug. 18, 1954
REGISTRAR'S SIGNATURE: Elnora Hesse
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Smith & Ferguson Licking Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

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

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert E. Ferguson

Licensed Embalmer No. 39

P. O. Address Lockne

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.