

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

State File No. **18316**

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **526**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WRIGHT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY OR TOWN NORWOOD, MO.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 15 DAYS		e. STREET ADDRESS (If rural, give location) PLEASANT HILL COMMUNITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION SPRINGFIELD BAPTIST HOSP			

3. NAME OF DECEASED (Type or Print) a. (First) HAZEL b. (Middle) ELIZABETH c. (Last) MURIN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 18 1955		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 22 1905	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) INDUSTRIAL		10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY	11. BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, IND.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HARVE L. WEDGE	13b. MOTHER'S MAIDEN NAME DELLA CARLSON	14. NAME OF HUSBAND OR WIFE TOM MURIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Tom Murin ADDRESS Norwood Mo.

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) Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 6 Wks (ICU unknown)
	ANTECEDENT CAUSES with pelvic metastasis		
	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. 153X			

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) m.	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 **May 30, 1955**, to **June 18, 1955** that I last saw the deceased alive on **June 18, 1955**, and that death occurred at **11:35 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred R. Farthing M.D.		23b. ADDRESS Med Arts Bldg. Springfield	23c. DATE SIGNED 6-20-55
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JUNE 18-55	24c. NAME OF CEMETERY OR CREMATORY HILLCREST	24d. LOCATION (City, town, or county) (State) MTN. GROVE MO
DATE REC'D BY LOCAL REG. 6-21-55	REGISTRAR'S SIGNATURE Edith Williamson	25. FUNERAL DIRECTOR'S SIGNATURE Rev. Forbe ADDRESS 7214. Thom	

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

FEB 28 1956

JUL 6 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Rev Barber

Licensed Embalmer No. 38

P. O. Address *Wm. J.*

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