

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32846

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 992

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Springfield,</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Springfield,</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Handley Memorial Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruby</u> b. (Middle) _____ c. (Last) <u>Murtinger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 5, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 27, 1877</u>
9. AGE (In years last birthday) <u>78</u> Months <u>7</u> Days <u>8</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>YWCA Worker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kasson, Minnesota</u>
12. COUNTRY OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Clifton Milliken</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice Rose</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Murtinger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. P. P. Petersen</u> ADDRESS <u>Springfield,</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> Mo. INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Congestive Heart Failure</u>		DUE TO (c) <u>Fractured right hip</u> <u>2 week</u>	
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 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 <u>Nov. 1, 1955</u> , to <u>Nov. 5, 1955</u> , that I last saw the deceased alive on <u>Nov. 4, 1955</u> , and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Earl W. Russell</u> (Degree or title) _____		23b. ADDRESS <u>15 S. Main St. Springfield, Mo</u>	
23c. DATE SIGNED <u>10-8-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 6, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Winona</u>		24d. LOCATION (City, town, or county) (State) <u>Winona, Minnesota</u>	
DATE REC'D BY LOCAL REG. <u>11-8-55</u>		REGISTRAR'S SIGNATURE <u>Earl W. Russell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Schaff</u> ADDRESS <u>Springfield, Mo</u>			

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 embalmed by me, or by Everett L. Smith, Student Embalmer No. 52 working under my personal supervision..

Student Everett L. Smith
Signature of Student Embalmer

Signed L. L. Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield

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.