

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **40219**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1105-A</u>	
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 township) OR TOWN <u>Springfield,</u>		c. LENGTH OF STAY (In this place) <u>8 days</u>		c. CITY OR TOWN <u>Springfield</u>		d. Is 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 <u>Burge Hospital</u>				STREET ADDRESS (If rural, give location) <u>906 E. Normal</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>			b. (Middle) _____		c. (Last) <u>McMurray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 6, 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>November 2, 1872</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>4</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Decatur, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jasper Whittington</u>			13b. MOTHER'S MAIDEN NAME <u>Mariam</u>		14. NAME OF HUSBAND OR WIFE <u>Orville H. McMurray</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lyda M. Heyle 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u>						MO. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular fibrillation</u>						?
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 <u>26 Nov, 1955</u> , to <u>6 Dec, 1955</u> , that I last saw the deceased alive on <u>5 Dec, 1955</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Henry Knabb, Jr. M.D.</u>			23b. ADDRESS <u>Springfield Mo.</u>			23c. DATE SIGNED <u>6 Dec 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-12-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gorman-Scharof Funeral Home, Inc. Springfield, Missouri</u>			

(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 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. Darlin Gorman

Licensed Embalmer No. 317

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.