

FILED FEB 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 5939

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3052 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Moberly Mo</u>		c. CITY OR TOWN <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shelby Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>316 No 5th</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ESTA</u> c. (Last) <u>MURRAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr 30 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>Unknown</u>
		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisburg Ill</u>	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Wm. Williams</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Rosebud Shelby</u> ADDRESS <u>317 N 5th</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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several months?</u> <u>Several months?</u> <u>5 months?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes (Mellitus)</u>		
	DUE TO (c) <u>Right leg amputation</u>		
11. 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 <u>University Hospital Columbia, Missouri 260X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Acc</u>	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 Feb 7, 1956, to Feb 10, 1956, that I last saw the deceased alive on Feb 9, 1956, and that death occurred at 2:10 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. R. E. Hube, MD</u>	23b. ADDRESS <u>401 1/2 W. Reed Moberly, Missouri</u>	23c. DATE SIGNED <u>Feb 10/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-11-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Goldand</u>
		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>

DATE REC'D BY LOCAL REG. <u>2-11-56</u>	REGISTRAR'S SIGNATURE <u>Carroll</u> 269	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. H. ...</u> ADDRESS <u>417 N. 5th St</u>
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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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 31

P. O. Address

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.