

FILED MAY 8- 1956

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH15321
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada ^{108³0}	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL 829 W. Walnut Home INSTITUTION Barkers Nursing		d. STREET ADDRESS 319 W. Walnut	
3. NAME OF DECEASED (Type or print) First Trula Middle Bertha Last Murray		4. DATE OF DEATH Month 4 Day -- Year 17-1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 16-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Grenola, Kansas	9. AGE (In years last birthday) 74
13. FATHER'S NAME Obediah Reddington		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		14. MOTHER'S MAIDEN NAME Hindegardner	17. INFORMANT W.C. Nichols--Lee Summit, Mo.
16. SOCIAL SECURITY NO. None		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senile dementia			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year None			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	STATE
		Nevada - Vernon - Mo.	
21. I attended the deceased from Jan 1/56 to Apr 17-56 and last saw her alive on Apr 16-56 Death occurred at 2 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Love MA (Degree or title)		22b. ADDRESS Nevada Mo	22c. DATE SIGNED 4/20/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-19-1956	23c. NAME OF CEMETERY OR CREMATORY Newton Cemetery	23d. LOCATION (City, town, or county) (State) Nevada Mo.
24. FUNERAL DIRECTOR Hays Funeral Service Inc.		25. DATE RECD. BY LOCAL REG. 5-1-1956	26. REGISTRAR'S SIGNATURE Anna E. Perry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed *H. H. Parmaduke*.....

Licensed Embalmer No. *20*

P. O. Address *Nevada*

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.