

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

17076

State File No. ....

FILED JUN 11 1956

BIRTH NO. ....

REG. DIST. NO. 210PRIMARY REG. DIST. NO. 4321Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Mercer</b>		c. CITY OR TOWN <b>Mercer</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		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) <b>Grace</b> b. (Middle) <b>M.</b> c. (Last) <b>Alley</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5-26-56</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>widowed</b>	8. DATE OF BIRTH <b>11-14-1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>72</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Cainsville, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Mary</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, unknown) <b>no</b> (If yes, give year or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>356-42-1015</b>		17. INFORMANT'S SIGNATURE OR NAME <b>W. H. Alley Jr</b> ADDRESS <b>Mercer, Mo</b>	
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) <b>Congestive Circulatory Failure</b> ANTECEDENT CAUSES DUE TO (b) <b>Thrombotic Encephalomalacia</b> <b>Arteriosclerosis</b> DUE TO (c) 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 checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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 <b>June 10, 1945</b> , to <b>May 26, 1956</b> , that I last saw the deceased alive on <b>May 26, 1956</b> , and that death occurred at <b>10:35 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Geo. F. Harrison D.D.</b> (Degree or title)		23b. ADDRESS <b>Mercer, Missouri</b>	
23c. DATE SIGNED <b>June 1 56</b>		24. LOCATION (City, town, or county) (State) <b>Mercer Co., Mo</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>5-29-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Early</b>	
24d. DATE REC'D BY LOCAL REG. <b>6-4-56</b>	24e. REGISTRAR'S SIGNATURE <b>Shel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Noel Moss</b> ADDRESS <b>Princeton, Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 21 1958

### 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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 248

P. O. Address Quincy, Mass.

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.