

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26688**

FILED SEP 4 1956
BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **259**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give town) Clinton		c. LENGTH OF STAY (in this place) 21 Days	c. CITY OR TOWN Clinton
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton General Hospital		e. STREET ADDRESS (If rural, give location) New Central Hotel	

3. NAME OF DECEASED (Type or Print) a. (First) Maude b. (Middle) Theola c. (Last) Murphy			4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 24, 1873	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR: Months 1 Days 4 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Warrensburg, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jesse Marr	13b. MOTHER'S MAIDEN NAME Jane Cecil	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Glenna Murphy, ADDRESS 307 So. 2nd St. Clinton, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **April 30, 1956**, to **Aug 28, 1956**, that I last saw the deceased alive on **Aug 28, 1956**, and that death occurred at **2:10A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James O. Smith MD	23b. ADDRESS 106 S. Third Clinton Mo	23c. DATE SIGNED 8/29/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 30, 1956	24c. NAME OF CEMETERY OR CREMATORY Cornelia Cemetery	24d. LOCATION (City, town, or county) (State) Warrensburg, Mo. Johnson Co.
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DATE REC'D BY LOCAL REG 8-29-56	REGISTRAR'S SIGNATURE Mildred Bigum	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Gausant, ADDRESS Clinton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

5-21-0

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... *J. J. Vausant*

Licensed Embalmer No. *377*

P. O. Address... *Blinton*

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.