

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **30059**

FILED SEP 17 1956
50123-56

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **411**

1. PLACE OF DEATH a. COUNTY Cape Girardeau Co				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Rollinger									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lutesville Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic			Length of stay in lb 13 min.		d. STREET ADDRESS (If outside, give location) 807 1/2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Paula Middle James, JEAN Last Murdick				4. DATE OF DEATH Month Sept , Day 2 Year 1956									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept 2nd 56		9. AGE (In years last birthday) -		IF UNDER 1 YEAR Months - Days - Hours - Min. -		IF UNDER 24 HRS. Hours - Min. 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Emp				10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Cape Girardeau Mo		12. CITIZEN OF WHAT COUNTRY? -					
13. FATHER'S NAME Paul James Murdick				14. MOTHER'S MAIDEN NAME LORENE EULA Seal.									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO. -		17. INFORMANT Name Paul J. Murdick, Lutesville Mo Address -								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia. Trocheal Otosis Tracheal Artesia DUE TO (b) Anencephalic fetues. Polyhydramnios DUE TO (c) ANENCEPHALIC FETUS -										INTERVAL BETWEEN ONSET AND DEATH 750X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) -										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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.) -										
20c. TIME OF INJURY Hour - Month, Day, Year a. m. - p. m. -			20d. INJURY OCCURRED WHILE AT <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 Lutesville			COUNTY -			STATE -				
21. I attended the deceased from 9-2-56 to 9-2-56 and last saw her/him alive on 9-2-56 Death occurred at 11:40pm. m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) James D. Springer						22b. ADDRESS Lutesville Mo			22c. DATE SIGNED 9-3-56				
23a. BURIAL, CREMATION, REBURY (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)						
Burial		9-3-56		Baker Cemetery			Lutesville, Mo,						
24. FUNERAL DIRECTOR Baker Funeral Home,				ADDRESS -		25. DATE RECD. BY LOCAL REG. 9-12-1956		26. REGISTRAR'S SIGNATURE T. C. Summers					

(Licensed Embalmer's Statement on Reverse Side)

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

44 - 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..... *A. J. Baker*

Licensed Embalmer No. *937*

P. O. Address *St. Louis*

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.