

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2969

FILED FEB 4 1957

STATE FILE NUMBER

685

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 5123 Ridge Ave.		Length of stay in lb 70-yrs. 2/69	d. STREET ADDRESS (If outside, give location) 5123 Ridge Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Nora E. Murdock			4. DATE OF DEATH Month Day Year Jan. 21, 1957		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17, 1870	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 2 Days 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife at home		100. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Martin L. Payne			14. MOTHER'S MAIDEN NAME Jane Byrnes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Address Miss Blanche Murdock, 5123 Ridge Ave.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio Sclerotic Heart Disease with Hypertension</i> DUE TO (b) <i>Chronic</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 420.0					INTERVAL BETWEEN ONSET AND DEATH
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 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	COUNTY	STATE	
21. I attended the deceased from <i>May 18, 1957</i> to <i>Jan 21, 1957</i> and last saw <i>her</i> alive on <i>Jan 19, 1957</i> Death occurred at <i>2730</i> m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE <i>Carl Smith MD</i>		22b. ADDRESS <i>4968 S. Delmar St.</i>		22c. DATE SIGNED <i>1/22/57</i>	
23a. BURIAL	23b. DATE <i>Jan. 24, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Belleville, Ill.</i>		
24. FUNERAL DIRECTOR <i>Arthur J. Donnelly</i>		ADDRESS <i>3840 Lindell Blvd.</i>	25. DATE RECD. BY LOCAL REG. <i>JAN 22 '57</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>	

Health, Welfare, Public Service
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1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Francis Williamson

Licensed Embalmer No. *35*

P. O. Address *3870 Ave*

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.