

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7707

STATE FILE NUMBER

FILED MAR 18 1957

42

1000

Registrar's No. 261

1. PLACE OF DEATH a. COUNTY Buchanan County Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St Joseph Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist-3-weeks Hospital				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 101 No. 15th St.	
3. NAME OF DECEASED (Type or print) First Middle Last Maude Meridith Murdock				4. DATE OF DEATH February-24-1957 Month Day Year			
5. SEX Female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July-14-1884	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 7 Days 10		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY housewife			
11. BIRTHPLACE (City and state or country) North County Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME W. J. Milligan				14. MOTHER'S MAIDEN NAME Maretta Spoonemore			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none				16. SOCIAL SECURITY NO. none			
17. INFORMANT Gordon L. Murdock				Address St Joseph Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Failure DUE TO (b) Myocardial Infarction DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH 2 days 1 day	
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 a. m. Month, Day, Year 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						COUNTY STATE	
21. I attended the deceased from February 23-57 to February 26-57 and last saw her alive on February 26-57 Death occurred at 7:05 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Gustav A. Law				22b. ADDRESS 0		22c. DATE SIGNED March 9, 1957	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb 27-57		23c. NAME OF CEMETERY OR CREMATORY Parnell Cemetery		23d. LOCATION (City, town, or county) Parnell Mo	
24. FUNERAL DIRECTOR John Andrews				ADDRESS Grant City Mo		25. DATE RECD. BY LOCAL REG. March 15, 1957	
				26. REGISTRAR'S SIGNATURE		Barney M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

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 John Andrews, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 40

P. O. Address Grant

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.