

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11839

STATE FILE NUMBER

FILED MAR 19 1957

Registration District No. 354 Primary Registration District No. 6199 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLINTON Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>CLINTON Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b <u>1</u>		d. STREET ADDRESS <u>Rt. 4, Mt. Grove</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>GERCIE</u> Middle <u>NOLENE</u> Last <u>MURRAY</u>				4. DATE OF DEATH Month <u>3</u> Day <u>9</u> Year <u>57</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>11-18-1890</u>		9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>DEXTER, KAN.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>ROBERT MARSLAND</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>FRANK MURRAY, MT. GROVE, MO.</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>							INTERVAL BETWEEN ONSET AND DEATH <u>One minute</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____		
							DUE TO (c) _____		
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"/> <u>2</u>		
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 <u>on Feb 15, 1957</u> and last saw her <u>alive on Feb 15, 1957</u> Death occurred at <u>5:15 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Gaynell Gentry</u> (Degree of title)				22b. ADDRESS <u>Cabool, Mo</u>			22c. DATE SIGNED <u>3/11/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>3-13-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>			23d. LOCATION (City, town, or county) (State) <u>Mt. Grove, MO.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>ELLIOTT-GENTRY, CABOOL</u>			25. DATE RECD. BY LOCAL REG. <u>3-15-57</u>		26. REGISTRAR'S SIGNATURE <u>Gaynell Gentry</u>				

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
No symptoms will be listed.
All standard nomenclature in item 18. No symptoms will be listed.
Coroner cannot certify to a death due to natural causes.
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 *James L. Gentry*.....

Licensed Embalmer No. *4716*

P. O. Address *Calool, W.*

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.