

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13685**

FILED APR 16 1957

BIRTH NO. _____ REG. DIST. NO. **762** PRIMARY REG. DIST. NO. **595** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN MURPHY	c. LENGTH OF STAY (in this place) 2 YRS	c. CITY OR TOWN MURPHY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RURAL Rock TOWNSHIP		e. STREET ADDRESS (If rural, give location) RURAL Rock TOWNSHIP 050	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Addison c. (Last) Addison			4. DATE OF DEATH (Month) (Day) (Year) 3 26 57			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10th - 1884	9. AGE (in years last birthday) 72	IF UNDER 1 YEAR Months 5 Days 10	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIGHT WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and State or Foreign Country) SCOTLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND/OR WIFE MURTHE Addison
--------------------------------------	---	--

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. ?	17. INFORMANT'S SIGNATURE OR NAME MURTHE Addison	ADDRESS 119 Alsobrook Kirkwood Mo
---	-------------------------------------	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

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) Rock Jefferson MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **August 19**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Samuel C. Johnson D.C. Crown	23b. ADDRESS Festus Mo.	23c. DATE SIGNED 3/26/57
---	-----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3/30/57	24c. NAME OF CEMETERY OR CREMATORY Redan Hall Baptist Cem	24d. LOCATION (City, town, or county) (State) Hillsboro MO RR#1
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG 3/27/57	REGISTRAR'S SIGNATURE Robert E. Dancer	25. FUNERAL DIRECTOR'S SIGNATURE Dancer Funeral Home	ADDRESS Home Spring MO
---	--	--	----------------------------------

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

2500

548

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 10 1957

MAY 9
1957

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 *Homer W. Fritz*.....

Licensed Embalmer No. *3882*

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.