

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16866

FILED JUN 11 1957

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>47</u>			
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY OR TOWN <u>Rocheport</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shields Convalesant Home</u>				e. STREET ADDRESS (If rural, give location) <u>R. R. #1</u>				<u>0450</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Murry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 8, 1879</u>		9. AGE (In years last birthday) (Month) (Day) (Hours) (Min.) <u>77</u> <u>10</u> <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Howard Co. Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Horace Murry</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Jones</u>			14. NAME OF HUSBAND OR WIFE <u>Nannie Mae Campbell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Norris Murry-513 W. St. Boonville, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Epidermoid Carcinoma left face</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
		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. <u>Recurrent hemorrhages</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>						20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May</u> , 1955, to <u>6-2</u> , 1957, that I last saw the deceased alive on <u>May 20</u> , 1957, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>M. J. Shaw M.D.</u>				23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>6-4-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/5/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rocheport Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>Rocheport, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>6/4/57</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. EMERALD DIRECTOR'S SIGNATURE <u>J. A. Case</u>		ADDRESS <u>Fayette, Mo</u>			

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

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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 *Ralph A. Carr*.....

Licensed Embalmer No. *334*

P. O. Address *Jayette, Mo.*

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.