

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29644**

No. 300
10.48

FILED AUG 26 1957

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7111**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (in this place) 5 years		c. CITY OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH		5. SEX	
a. (First) MABEL		b. (Middle) BERNICE		c. (Last) MURRAY KING	
6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
White		Married		Aug. 29th, 1905	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)	
Stenographer - General		Van Lines		51	
11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		11. UNDER 1 YEAR	
Pauls Valley, Oklahoma		USA		Months 11 Days 1	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Thomas David Murray		Anna May Langdon		Thomas Stephen King	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME	
No		466-40-5525		Thomas Stephen King	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		19. DATE OF OPERATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Junior Stomach - Lymphosarcoma</i>		None	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		20. AUTOPSY	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Partial	
		DUE TO (c) <i>2001</i>		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		II. OTHER SIGNIFICANT CONDITIONS		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
		Conditions contributing to the death but not related to the disease or condition causing death.		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 <i>3 July</i> , 1957, to <i>30 July</i> , 1957, that I last saw the deceased alive on <i>12 July</i> , 1957, and that death occurred at <i>2:22</i> p.m., from the causes and on the date stated above.					
23a. SIGNATURE		23b. ADDRESS		23c. DATE SIGNED	
<i>Dug N. Magnus</i>		<i>M.D. University City (5) Mo.</i>		<i>30 July 1957</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY	
Cremation		7/31/57		Oak Grove Crematory	
24d. LOCATION (City, town, or county) (State)		24e. FUNERAL DIRECTOR'S SIGNATURE		24f. ADDRESS	
St. Louis County, Missouri		<i>J. Carl Smith M.D.</i>		C. R. Lupton & Sons 7233 Delmar Blvd.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	
JUL 31 1957		<i>J. Carl Smith M.D.</i>		<i>C. R. Lupton & Sons</i>	

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

M. J. B.

(Licensed Embalmer's Statement on Reverse Side)

Tues 4-6 P.M

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 *Arnold W. Schaefer*

Licensed Embalmer No. *386*

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.