Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-017270
STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 14 Primary Registration District No. 4028 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Barton	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Liberal — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Liberal 0060 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At home — Length of stay in lb 67 yrs	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print)	First BERTHA	Middle SALLY	Last MURRAY	4. DATE OF DEATH Month Day Year May 25 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]	8. DATE OF BIRTH Oct 17 1877	9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — 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 Own home	11. BIRTHPLACE (City and state or country) Bowling Green, Ky.	12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Alonzo Barnett	13b. MOTHER'S MAIDEN NAME Nancy Hamilton Sweatt	14. NAME OF HUSBAND OR WIFE Lemuel Howard Murray		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Address	

MEDICAL CERTIFICATION

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 Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary Thrombosis with myocardial infarction — 2 days

DUE TO (c) Arteriosclerosis 4201 — 10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Lobar pneumonia in Jan. & Feb., 1958

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ] ~~20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)~~ Note:- General Debility since Jan. 23, 1958.

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Dec. 13, 1947, to May 25, '58 and last saw her alive on May 19, 1958. Death occurred at 4:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Munroe Kneeland, D.O. — 22b. ADDRESS Liberal, Mo. — 22c. DATE SIGNED May 27, '58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE May 28 1958	23c. NAME OF CEMETERY OR CREMATORY Barton City	23d. LOCATION (City, town, or county) (State) Liberal, Missouri
24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri	25. DATE RECD. BY LOCAL REG. June 6, 1958	26. REGISTRAR'S SIGNATURE Charlotte McDowell	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Carl F. Konantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.