

STANDARD CERTIFICATE OF DEATH

58-041051
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 282 Primary Registration District No. 3055 Registrar's No. 138

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar		c. CITY OR TOWN Bolivar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Died in the Home		d. STREET ADDRESS (If outside, give location) 10 yr	
3. NAME OF DECEASED (Type or print) First Exonia Middle Ursula Last Murray			4. DATE OF DEATH Month Nov. Day 23 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 25, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (City and state or country) Missouri
13a. FATHER'S NAME Daniel Brockus		13b. MOTHER'S MAIDEN NAME Marry Perryman	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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. NO	17. INFORMANT Address Delbert Murray, Bolivar, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decongestion DUE TO (b) Hypotension DUE TO (c) Bronchietasis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 526 X			INTERVAL BETWEEN ONSET AND DEATH 2 weeks 10 yrs. 15 yrs.
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 15:30 a.m. A.M. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <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 Polk STATE Mo.	
21. I attended the deceased from July 1946 to Nov 23 '58 and last saw ^{her} alive on Nov. 20, '58 Death occurred at 15:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Name or title)		22b. ADDRESS Bolivar	
22c. DATE SIGNED 11-24-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 25, 58	23c. NAME OF CEMETERY OR CREMATORY Schofield, Cemetery	23d. LOCATION (City, town, or county) (State) Polk Co. Mo.
24. FUNERAL DIRECTOR Pitta Funeral Home - Bolivar, Mo.		25. DATE RECD. BY LOCAL REG. Dec 2, 1958	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

copy, however, one 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 *Richard J. Pitts*

Licensed Embalmer No. *4939*
P. O. Address *Bolivar, 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.