

**R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-002261**

FILED VS JAN 11 1960

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 4

DED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Johnson</b>	a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg,</b>	Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Warrensburg</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ross Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>511 Shotwell</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <b>Elizabeth</b>	Middle <b>Lee</b>	Last <b>Murray</b>	Month <b>Jan.</b>	Day <b>5,</b> Year <b>1960</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-6-1873</b>	9. AGE (last birthday) <b>86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Johnson County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Martin</b>		14. NAME OF HUSBAND OR WIFE <b>Wm. M. Murray (Dec.)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Ben F. Johns 511 Shotwell Warrensburg Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b>		<b>17</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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 STATE

21. I attended the deceased from Jan 3 59 to Jan 5, 60 and last saw him live on Jan 5, 60  
Death occurred at 5:35 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Warrensburg MO</b>	22c. DATE SIGNED <b>Jan 5, 60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-7-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>

24. FUNERAL DIRECTOR <b>Sweeney-Phillips Warrensburg, Mo.</b>	ADDRESS <b>1-5-60</b>	25. DATE RECD. BY LOCAL REG. <b>1-5-60</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
--	--------------------------	---	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*4 Earl Quest*

STATEMENT BY LICENSED EMBALMER

JAN 13

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Marie D Bailey

Licensed Embalmer No. 4887

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.