

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-005913

FILED VS FEB 29 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 206

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Greene		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Ash Grove		d. STREET ADDRESS (If outside, give location) 4 mi So of Ash Grove	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in lb		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ruffin Rest Home				d. STREET ADDRESS (If outside, give location) 4 mi So of Ash Grove			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First IDA		Middle LOUISE		Last MURRAY		Feb 18, 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 30, 1869	9. AGE (last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Near Ash Grove, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert T. Johns			13b. MOTHER'S MAIDEN NAME Sarah E. Wallis			14. NAME OF HUSBAND OR WIFE William Murray	
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. none		17. INFORMANT Springfield, Mo. Mrs. D. I. Starkey			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I saw this lady only when she was in dying state. My opinion she had cerebral hemorrhage. I did not treat her.							
PART I. DEATH WAS CAUSED BY							
IMMEDIATE CAUSE (a) 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) Senility-						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 a.m. 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 I didn't treat her. and last saw her alive on FEB 18, 1960 Death occurred at 2:40 a. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Donnich M O</i>				22b. ADDRESS Springfield, Mo.		22c. DATE SIGNED 2, 26, 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-20-60	23c. NAME OF CEMETERY OR CREMATORY Johns Chapel Cemetery		23d. LOCATION (City, town, or county) Ash Grove, Mo.		
24. FUNERAL DIRECTOR Brin - Daniel - Ash Grove - Mo.			ADDRESS 2-26-60		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <i>Effie G. Melton</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

098

**STATEMENT BY LICENSED EMBALMER**

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 Doyle L. Sauer

Licensed Embalmer No. 470

P. O. Address Asp Grove

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.