

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000784

FILED VS JAN 26 1961

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 11

STATE FILE NUMBER

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY Dent				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem			Length of stay in 1b 87 yrs		c. CITY OR TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hart Clinic				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) XX		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Tessie Rebecca McMurtry Durham			4. DATE OF DEATH Month Day Year Jan 23 1961					
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 Nov 16-73 87	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR 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 X		11. BIRTHPLACE (City and state or country) Salem Mo		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Dr J N McMurtry			13b. MOTHER'S MAIDEN NAME Liza Jane Kindig			14. NAME OF HUSBAND OR WIFE W O McMurtry		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X			16. SOCIAL SECURITY NO. X		17. INFORMANT Address Mrs Melbounre Dodds Salem 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) Arteriosclerotic heart disease 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							INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 10/22/60 to 1/23/61 and last saw her ^{her} alive on 1/23/61 Death occurred at 6:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Marion M. Hunt MD.			22b. ADDRESS Salem, Missouri			22c. DATE SIGNED 1/24/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Jan 25-61	23c. NAME OF CEMETERY OR CREMATORY Cedar Grove		23d. LOCATION (City, town, or county) (State) Salem Mo			
24. FUNERAL DIRECTOR ADDRESS Spencer Funeral Home Inc			25. DATE RECD. BY LOCAL REG. 1/24/61		26. REGISTRAR'S SIGNATURE M. M. Hunt, M.D.			

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 H. Johnson

Licensed Embalmer No. 9326

P. O. Address Paterson, N.J.

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.