

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-002712

FILED VS FEB 3 1961

314

Primary Registration District No. 4459

Registrar's No. 5

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Osceola</b>		Length of stay in 1b	c. CITY OR TOWN <b>Osceola</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Osceola</b>
3. NAME OF DECEASED (Type or print) First <b>Ida</b> Middle <b>Elizabeth</b> Last <b>Murray</b>			4. DATE OF DEATH <b>7</b> Month <b>January</b> <b>21</b> Day <b>1961</b> Year
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>6/29/76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeping</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>84</b>
11. BIRTHPLACE (City and state or country) <b>Iconium Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Levi Gover</b>		13b. MOTHER'S MAIDEN NAME <b>Melinda Thompson</b>	
14. NAME OF HUSBAND OR WIFE		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 <b>Genevie Harper, Osceola Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8</b> years
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 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 <b>2:30</b> a.m. <b>A</b> Month, Day, Year <b>10 Oct 60</b>	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 <b>10 Oct 60</b> to <b>21 Jan 61</b> and last saw her alive on <b>21 Jan 60</b> Death occurred at <b>2:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>D. Seewers MD</b>		22b. ADDRESS <b>Osceola Missouri</b>	22c. DATE SIGNED <b>1/2/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/22/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Iconium</b>	23d. LOCATION (City, town, or county) (State) <b>Iconium Mo</b>
24. FUNERAL DIRECTOR <b>Goodrich Funeral Home, Osceola Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1-28-61</b>	26. REGISTRAR'S SIGNATURE <b>Thelma Seewers</b>

**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 *F B [Signature]*

Licensed Embalmer No. 3038

P. O. Address *Brookline, MA*

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.