

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026127

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 139

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Nodaway</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Maryville</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Maryville</u>		Length of stay in 1b <u>3 Months</u>		c. CITY OR TOWN <u>Hopkins</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Hopkins Twp.</u>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>Charles</u>		Middle <u>Leichliter</u>		Last <u>Murray</u>		Month Day Year <u>July 17, 1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>2-7-1884</u>	9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Normalville, Penn.</u>	
13a. FATHER'S NAME <u>Jonas Murray</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Leichliter</u>		14. NAME OF HUSBAND OR WIFE <u>Cynthia Murray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				17. INFORMANT Address <u>Cynthia Murray, Hopkins, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Carcinoma of Stomach</u>							
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 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 <u>1959</u> to <u>7-17-1961</u> and last saw him alive on <u>7-17-1961</u> Death occurred at _____, _____, _____, on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Degree or title) <u>R. E. Durska M.D.</u>				22b. ADDRESS <u>Maryville, Mo.</u>		22c. DATE SIGNED <u>7-25-61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-21-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hopkins</u>		23d. LOCATION (City, town, or county) (State) <u>Hopkins, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Stanley Swanson Hopkins, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-25-61</u>		26. REGISTRAR'S SIGNATURE <u>Beas Bolt</u>	

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

AUG. 8 1961

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 Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.