

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015832

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 171 Primary Registration District No. 5639 Registrar's No. 14  
**FILED APR 30 1962**

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  ITEM NO. SHOULD READ  BY AFFIDAVIT OF	DATE AMENDED  INSTEAD OF  DOCUMENT
Rev. 4/59		
1 0540		
2 0540		
3		
4 1		
5 1		
6		
7 1		
8 2		
9 1533		
10		
11		
12 90-2		
13 1-0		

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>		Length of stay in 1b <u>16 yr.</u>	c. CITY OR TOWN <u>Odessa</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 mi. S.E. Odessa</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R2 1 1/2 mi. S.E.</u>
3. NAME OF DECEASED (Type or print) First <u>Gertrude</u> Middle <u>Emma</u> Last <u>Murry</u>		4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1962</u>	
5. SEX <u>Female</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>4/18/1884</u>
9. AGE (last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Scammon, Kansas</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jacob Roemmick</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Kuhn</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas J. Murry</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>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT Address <u>Thomas J. Murry R2 Odessa</u>
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory arrest</u> DUE TO (b) <u>Cerebellar metastasis</u> DUE TO (c) <u>Adenocarcinoma of sigmoid colon</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>  <u>1 week</u>  <u>11 months</u>
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary Artery Disease</u>			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 <u>7/5/62</u> to <u>4/24/62</u> and last saw her alive on <u>4/20/62</u> Death occurred at <u>5:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Wallington, Mo.</u>	22c. DATE SIGNED <u>4/24/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 23, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Praire</u>	23d. LOCATION (city, town, or county) (State) <u>Napoleon, Lafayette Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Ralph O. Jones Odessa, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/21/1962</u>	26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>

**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 Ralph O Jones

Licensed Embalmer No. 4604

P. O. Address Odessa, 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.