

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8793

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital		d. STREET ADDRESS (If rural, give location) 813 S. Case St.	
3. NAME OF DECEASED (Type or Print) a. (First) MITTIE b. (Middle) MAY c. (Last) MURRAY		4. DATE OF DEATH (Month) (Day) (Year) March 2, 1949	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 24, 1868
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife	11. BIRTHPLACE (State or foreign country) Dade County, Missouri
10b. KIND OF BUSINESS OR INDUSTRY at home		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Robert A. Bales		13b. MOTHER'S MAIDEN NAME Minerva Ann Shipley	
14. NAME OF HUSBAND OR WIFE W. M. 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'S SIGNATURE OR NAME ADDRESS Miss Pearl Bales, 813 Case, Carthage	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral contusion & laceration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carthage Jasper Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 1, 1949 6 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Fell down stairs - 11/6	
22. I hereby certify that I attended the deceased from 1945 to March 2, 1949, that I last saw the deceased alive on March 2, 1949, and that death occurred at 5:45 p.m., from the causes and on the date stated above.			
23a. SIGNATURE W. Russell Smith (Degree or title)		23b. ADDRESS Carthage Mo	
23c. DATE SIGNED 3-3-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Mch 6, 1949	24c. NAME OF CEMETERY OR CREMATORY Lockwood Cemetery	24d. LOCATION (City, town, or county) (State) Lockwood, Missouri
DATE REC'D BY LOCAL REG. Mch 5-1949	REGISTRAR'S SIGNATURE L. B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.

Signed.....

*Robert H. Knell*

Signed.....

Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage, 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 this body is not embalmed, fact should be so stated above.