

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16622

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u> c. CITY (If outside corporate limits, write BURAL and give township) <u>Harrison</u> d. STREET ADDRESS (If rural, give location) <u>1729 36th Street</u>	
b. CITY (If outside corporate limits, write BURAL and give township) <u>Oakwood</u> c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write BURAL and give township) <u>Harrison</u> d. STREET ADDRESS (If rural, give location) <u>1729 36th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1729 36th Street</u>	
3. NAME OF DECEASED a. (First) <u>Natie</u> b. (Middle) <u>Belle</u> c. (Last) <u>Murray</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1949</u>	
5. SEX <u>Female</u>	16. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 22 1882</u>
9. AGE (In years last birthday) <u>67</u>		10. BIRTHPLACE (State or foreign country) <u>Curryville Missouri</u>	
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 _____	
11. BIRTHPLACE (State or foreign country) <u>Curryville Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edmund Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Betty F. Hayes</u>	
14. NAME OF HUSBAND OR WIFE <u>George F.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>George F. Murray</u> ADDRESS <u>1729 36th St - Harrison MO</u>	
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) <u>Gastric carcinoma with multiple metastasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>multiple metastasis</u> 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) _____	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:45 pm.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>James O'Donnell</u> (Degree or title) _____		23b. ADDRESS <u>1001 Broadway</u>	
23c. DATE SIGNED <u>5/29/49</u>		24a. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-31-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Curryville Pike MO</u>		25. FURNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u> ADDRESS <u>Harrison MO</u>	
DATE REC'D BY LOCAL REG. <u>6-3-49</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Michael J. O'Connell

Signed.....

Student Embalmer

Licensed Embalmer No. *3246*

P. O. Address *Hannibal, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.