

S. No. 300
v. 10.48

FILED MAR 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5481

1681
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BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COOPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>CALIFORNIA MO 2 DAYS</u>		c. LENGTH OF STAY (in this place) <u>2 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ROYAL SALINE</u>		0770	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GATHAM HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED a. (First) <u>MARY VIOLA</u> b. (Middle) <u>MURRELL</u> c. (Last) _____			4. DATE OF DEATH Month <u>FEB.</u> Day <u>12</u> Year <u>1950</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 24 - 1890</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. 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		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Wm D. Moore</u>		13b. MOTHER'S MAIDEN NAME <u>STELLA DEATHERAGE</u>		14. NAME OF HUSBAND OR WIFE <u>Wm Murrell Lupus MO</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Murrell Lupus 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 years</u>	
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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 10, 1950</u> , to <u>Feb 12, 1950</u> , that I last saw the deceased alive on <u>2-12, 1950</u> , and that death occurred at <u>8:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. L. Latham M.D.</u> (Degree or title)				23b. ADDRESS <u>California MO</u>		23c. DATE SIGNED <u>2-12-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>FEB 14 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HICKAM CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR LUPUS MO</u>	
DATE REC'D BY LOCAL REG. <u>2-14-50</u>		REGISTRAR'S SIGNATURE <u>H.R. Popjoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.C. ALBERT HATNBECK</u>		ADDRESS <u>BRIE HOME MO.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1950

District File Number

District Health Officer No. H.

RECEIVED MAR 8 1950

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 Student Embalmer

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home, Ill.

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.