

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20895

State File No.

FILED JUN 18 1951

BIRTH NO. _____ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 6292 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hammond R Thornfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hammond Rural Thornfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0770	

3. NAME OF DECEASED (Type or Print) a. (First) Birdie b. (Middle) _____ c. (Last) Murrill			4. DATE OF DEATH (Month) (Day) (Year) 5-28-51		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-17-86	9. AGE (In years birthday) 65	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tennessee	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Helton	13b. MOTHER'S MAIDEN NAME Angeline Lawson	14. NAME OF HUSBAND OR WIFE Brownlow Murrill
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) N	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Arnold Murrill	ADDRESS 3120 Sp. MO
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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		INTERVAL BETWEEN ONSET AND DEATH 2 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the breast		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 170x	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July, 1950, to May 28, 1951, that I last saw the deceased alive on May 25, 1951, and that death occurred at 10-20P m., from the causes and on the date stated above.

23a. SIGNATURE M J Holerman	(Degree or title) MD	23b. ADDRESS Gainesville, Mo.	23c. DATE SIGNED June 2, 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-31-51	24c. NAME OF CEMETERY OR CREMATORY Thornfield	24d. LOCATION (City, town, or county) (State) Thornfield, Missouri
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DATE REC'D BY LOCAL REG. 6-8-51	REGISTRAR'S SIGNATURE Mac Johnson	245	25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard	ADDRESS Funeral Home, Ava, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUN 15 1951

Dist. File 621-1322

Date Filed 6-16-51

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Over, 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.