

THE SMITHSON INSTITUTION
STANDARD CERTIFICATE OF DEATHState File No. 2814

FILED AUG 14 1951

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>	
c. LENGTH OF STAY (in this place) <u>14 years.</u>		d. STREET ADDRESS (If rural, give location) <u>1220 Shanklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1220 Shanklin</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Hila</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>MURRAY</u>	(Month) <u>July</u>	(Day) <u>30</u>	(Year) <u>1951</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 11 1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housemaker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Hughes</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY McAttee</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emily Shaw (dau)</u>	ADDRESS <u>Trenton, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u> <u>2 or 4 days.</u>
	ANTECEDENT CAUSES: Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Influenza (Virus Inf.)</u>		
	DUE TO (c) <u>—</u>		
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 <u>480X</u>	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 29, 1951, to July 30, 1951, that I last saw the deceased alive on July 30, 1951, and that death occurred at 4:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffy M.D.</u>	23b. ADDRESS <u>Trenton Mo.</u>	23c. DATE SIGNED <u>Aug 1-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 1 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>1007 Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edinburg Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-1-51</u>	REGISTRAR'S SIGNATURE <u>Brene Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis - Blackmon</u>	ADDRESS
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D.R. E.A. Duffy.

(Licensed Embalmer's Statement on Reverse Side)

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

9402
10402
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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 _____

Doyle E. Williamson

working under my personal supervision.

Student Embalmer No. 422

Signed *Doyle E. Williamson*
Student Embalmer

Signed

Raymond A. Davis
Licensed Embalmer No. 3424

P. O. Address *Drenton*

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.