No. 300
10.48

FILED JAN 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

921

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 730 East Central

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield
d. STREET ADDRESS (If rural, give location) 730 East Central

3. NAME OF DECEASED (Type or Print) a. (First) Jerusha b. (Middle) Lysandra c. (Last) Murray
4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1952
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan. 14, 1860
9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months 11 Days 30 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY House Work
11. BIRTHPLACE (State or foreign country) Polk County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME A. W. Mayfield
13b. MOTHER'S MAIDEN NAME Nancy Jane Cranford
14. NAME OF HUSBAND OR WIFE Wm. M. Murray.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Nina Self ADDRESS 730 East Central Springfield, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis — 20 years

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 4200
20. AUTOPSY? YES ☐ NO ☑

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) Springfield (COUNTY) Greene (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1947, to Jan 10, 1952, that I last saw the deceased alive on Jan 10, 1952 and that death occurred at 3:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE James Kelsey MD (Degree or title)
23b. ADDRESS 609 Cherry St. Springfield, Mo
23c. DATE SIGNED Jan 12 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 15, 1952
24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
24d. LOCATION (City, town, or county) Springfield, Mo. (State)

DATE REC'D BY LOCAL REG. 1-14-52
REGISTRAR'S SIGNATURE James R. Amo, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Ellard B. Erwin ADDRESS Pleasant Hope Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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.

Student .....
Student Embalmer

Signed Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.