

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1063

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

0117

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township): St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 0117	
c. LENGTH OF STAY (in this place) 30 years		d. STREET ADDRESS (If rural, give location) 1616 S. 25th St. 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Etta b. (Middle) Lee c. (Last) Murrell		4. DATE OF DEATH (Month) (Day) (Year) October 3, 1952	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 3, 1880
9. AGE (in years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Turney, Mo. U
10b. KIND OF BUSINESS OR INDUSTRY own home		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME John Campbell	13b. MOTHER'S MAIDEN NAME unk.	14. NAME OF HUSBAND OR WIFE Albert C.
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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) no	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME Raymond Murrell, 1616 S. 25th, St. Joseph, Mo.	ADDRESS
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amyotrophic Lateral Sclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 years
	ANTECEDENT CAUSES Morbidity 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 3561	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 Aug 7, 1952, to Oct. 3, 1952, that I last saw the deceased alive on Oct 3, 1952, and that death occurred at 7:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE L. P. Senor M.D.	(Degree or title)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED Oct. 6 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10/6/1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Oct 9, 1952	REGISTRAR'S SIGNATURE Carl C. Castle	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home	ADDRESS St. Joseph, Mo.
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *W.E. Edmonston*

Licensed Embalmer No. *4791*

P. O. Address *31950 10 St. Joseph, 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.

W.E. Edmonston