

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21118

State File No.

No. 390
10-48
FILED JUL 7 - 1953

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BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 5307 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lohman</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lohman</u> <u>Moran</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0260</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) <u>CATHERINE</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>MURPHY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 28 53</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>APR. 12-1865</u>
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	9. AGE (In years last birthday) <u>88</u>
		11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u>	12. CITIZEN OF WHAT COUNTRY <u>1</u>
13a. FATHER'S NAME <u>Adrius Schatz</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Hagmeyer</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Patrick Lohman</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, asthma, etc. It means the disease, injury, or complication which caused death.	ADDRESS
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Coronary Insufficiency</u> <u>2 yrs</u>	
		DUE TO (c) <u>Chronic Hypertension</u> <u>20 yrs</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>443X</u>		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) (m.)	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>1952</u> to <u>June 27, 1953</u> , that I last saw the deceased alive on <u>June 27, 1952</u> , and that death occurred at <u>12:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. M. Schatz D. O.</u>		23b. ADDRESS <u>Russellville</u>	23c. DATE SIGNED <u>6/29/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ENLOR CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Russellville Mo</u>
DATE REC'D BY LOCAL REG. <u>June 30</u>	REGISTRAR'S SIGNATURE <u>Mrs. Muriel Hetherington</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Steffen</u> ADDRESS <u>Russellville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 16 1953

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. Steffens*

Licensed Embalmer No. 2307

P. O. Address Russellville Tenn

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.