.300
.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

699

State File No. .....

BIRTH NO. FILED FEB 15 1954 REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville, Mo.
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2069
d. STREET ADDRESS (If rural, give location) 5215 A. Highland St. 1

3. NAME OF DECEASED (Type or Print)
a. (First) BETTY b. (Middle) LOU c. (Last) MURRAY

4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1954

5. SEX female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Apr. 17, 1938
9. AGE (In years last birthday) 15 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school girl
10b. KIND OF BUSINESS OR INDUSTRY school
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert F. Murray
13b. MOTHER'S MAIDEN NAME Mary Ruby Cain
14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Robert F. Murray - ADDRESS 5215A Highland St. Louis, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain concussion — INTERVAL BETWEEN ONSET AND DEATH 11 1/2 hrs.

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.* multiple lacerations of face — 11 1/2 hrs.
Fracture of mandible — 11 1/2 hrs.

19a. DATE OF OPERATION 2/9/54
19b. MAJOR FINDINGS OF OPERATION Tracheal obstruction - tracheotomy
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street
21c. (CITY, TOWN, OR TOWNSHIP) Boonville (COUNTY) Cooper 027 (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 9 54 1:30a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Auto accident

22. *I hereby certify that I attended the deceased from* 2-9-, 1954, *to* 2-9-, 1954, *that I last saw the deceased alive on* 2-9-, 1954, *and that death occurred at* 9:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) G. W. Winn M.D.
23b. ADDRESS Boonville, Mo.
23c. DATE SIGNED 2-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/11/54
24c. NAME OF CEMETERY OR CREMATORY Walnut Grove
24d. LOCATION (City, town, or county) Paris, Missouri (State)

DATE REC'D BY LOCAL REG. 2/9/54
REGISTRAR'S SIGNATURE D. E. Hooper 38 1/8
25. FUNERAL DIRECTOR'S SIGNATURE B. W. Thacker **ADDRESS** Boonville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 1? 1954

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 Berry W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville Ky

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.