

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

12557

State File No. \_\_\_\_\_

FILED APR 28 1954

No. 300  
10-48

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BIRTH NO. _____		REG. DIST. NO. <u>175</u>	PRIMARY REG. DIST. NO. <u>3036</u>	Registrar's No. <u>27<sup>th</sup></u>
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HURORA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HURORA</u> <u>0551</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>932 PORTER AVE.</u>		d. STREET ADDRESS (If rural, give location) <u>702 E. Highland</u>		
3. NAME OF DECEASED a. (First) <u>Alice</u>		b. (Middle) <u>ELIZA</u>	c. (Last) <u>MURRAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April-20-1954</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>2</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 21-1877</u>	9. AGE (Last birthday) <u>76</u> If under 1 year: Months _____ Days _____ If under 10 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>McDonnell, county</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joe Shaw</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Coats</u>	14. NAME OF HUSBAND OR WIFE <u>Frank J. Murray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Murray</u> ADDRESS <u>Aurora, Mo.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hemorrhage</u> ANTECEDENT CAUSES <u>Hypertension</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Years</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>March, 1954</u> to <u>April 20, 1954</u> , that I last saw the deceased alive on <u>April 19, 1954</u> , and that death occurred at <u>7:00 Am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>A. P. Coats</u> (Degree or title) <u>M.P.</u>			23b. ADDRESS <u>Aurora, Mo.</u>	
23c. DATE SIGNED <u>4-20-54</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>April 22, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hurora, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-21-54</u>	REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Osmond M. Marsh</u> ADDRESS <u>Aurora, Mo.</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*Myself*  
.....  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Dean L. Marsh*  
.....

Licensed Embalmer No. *3812*  
.....

P. O. Address *Quincy, 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.