

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 13863
Registrar's No. 3526

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3526											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Moniteau									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place)				c. CITY OR TOWN California									
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				e. STREET ADDRESS (If rural, give location)				d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or Print)			a. (First) Dicie			b. (Middle) Adeline			c. (Last) Murray			4. DATE OF DEATH (Month) (Day) (Year) April 18, 1954					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 25, 1902		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At Home				11. BIRTHPLACE (City and State or Foreign Country) Taney Co., Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.					
13a. FATHER'S NAME John Rose				13b. MOTHER'S MAIDEN NAME Fannie Welsh				14. NAME OF HUSBAND OR WIFE Christopher H. Murray									
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. Unknown				17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby Haldiman, California, Mo.				ADDRESS					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH					
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac De-compensation</i>								5 mos.					
				ANTECEDENT CAUSES													
				<p>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</p> <p>(b) <i>Rheumatic and hypertensive heart disease</i></p> <p>(c) <i>disease</i></p>								3 yrs					
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								19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) SUICIDE HOMICIDE				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				4/16/54					
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?									
22. I hereby certify that I attended the deceased from 16 Apr, 1954, to 18 Apr, 1954, that I last saw the deceased alive on 18 APR, 1954, and that death occurred at 9:25P m., from the causes and on the date stated above.																	
23a. SIGNATURE <i>Richard A. Jones, M.D.</i>				23b. ADDRESS <i>3720 Washington</i>				23c. DATE SIGNED <i>19 Apr. 54</i>									
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE <i>4-19-54</i>				24c. NAME OF CEMETERY OR CREMATORY <i>Local</i>				24d. LOCATION (City, town, or county) (State) <i>California, Mo.</i>					
DATE REC'D BY LOCAL REG. <i>APR 19 1954</i>				REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert H. Hoppe</i>				ADDRESS <i>4700 Washington Blvd.</i>					

(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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 365
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.