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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17695

State File No. ....

FILED MAY 18 1954

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 833	
1. PLACE OF DEATH a. COUNTY <i>Vernon</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Vernon</i>			
b. CITY OR TOWN <i>Nevada</i>		c. LENGTH OF STAY (in this place) <i>8 weeks</i>		c. CITY OR TOWN <i>Nevada</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Nevada City Hosp.</i>				e. STREET ADDRESS (If rural, give location) <i>819 N. Clay</i>			
3. NAME OF DECEASED (Type or Print) <i>Fanny</i>		a. (First) <i>Fanny</i>		b. (Middle) <i>May</i>		c. (Last) <i>Murray</i>	
4. DATE OF DEATH (Month) (Day) (Year) <i>5-2-1954</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>July 11<sup>th</sup> 1868</i>		9. AGE (In years last birthday) <i>85</i>		IF UNDER 1 YEAR Months <i>9</i> Days <i>21</i>		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Scamateur</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Vernon County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Wm A. Chambers</i>		13b. MOTHER'S MAIDEN NAME <i>Gwendolyn Toothman</i>		14. NAME OF HUSBAND OR WIFE <i>Deceased</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>499-12-4148</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Jim Berta Deel Vincent</i>		ADDRESS <i>819 N. Clay</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intestinal Cancer</i>				INTERVAL BETWEEN ONSET AND DEATH <i>?</i>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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. <i>Congestive Heart Failure</i>				8 weeks.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		153 X		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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1/19</i> , 19 <i>54</i> , to <i>5/2</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>5/1</i> , 19 <i>54</i> , and that death occurred at <i>5 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>K. E. Morris</i> (Degree or title) <i>M.D.</i>				23b. ADDRESS <i>Nevada, Mo.</i>		23c. DATE SIGNED <i>5/8/54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>5-5-1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Moore's Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Nevada Mo.</i>	
DATE REC'D BY LOCAL REG. <i>5-10-54</i>		REGISTRAR'S SIGNATURE <i>Anna E. Ferris</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Hays Funeral Service</i>		ADDRESS <i>Nevada, Mo.</i>	

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

H. H. 92.

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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.....  
Signature of Student Embalmer

Signed *H. H. Jermaduke*.....

Licensed Embalmer No. *207*.....

P. O. Address *Wanda, W.*.....

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.