

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 305<sup>2</sup> State File No. ....

FILED JUL 26 1954

|   |  |  |  |
|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>274</u> PRIMARY REG. DIST. NO. <u>5923</u> Registrar's No. <u>271</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pettis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Sedalia</u>  |  | c. LENGTH OF STAY (In this place)<br><u>19 da</u>  | c. CITY OR TOWN <u>Sedalia</u>   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or Print)<br>(First) <u>MARTHA</u> (Middle) <u>MURRAY</u> (Last) <u>MURRAY</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>July 18 1954</u>   |  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>unwed</u>   | 8. DATE OF BIRTH <u>July 15 1876</u>   |
| 9. AGE (In years last birthday) <u>78</u>   |  | 9. AGE (In years last birthday) <u>78</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Home</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Kansas City, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  | 13a. FATHER'S NAME <u>William Goff</u>   |  |
| 13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Moore</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Philip Murray</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO. _____  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><u>Miss Edith Covey</u>  |  | ADDRESS, <u>Sedalia</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Fractured Hip</u><br>DUE TO (c) <u>Operational (Pinned Bone)</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY?<br>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) 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>July 5, 1954</u> , to <u>July 17, 1954</u> , that I last saw the deceased alive on <u>July 17, 1954</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above. |  |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Ed Swavaly, M.D.</u>   |  | 23b. ADDRESS<br><u>Sedalia, Mo</u>   | 23c. DATE SIGNED<br><u>7/19-54</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 24b. DATE<br><u>7-20-54</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Crown Hill</u>  | 24d. LOCATION (City, town, or county) (State)<br><u>Sedalia, Mo</u>          |
| DATE REC'D BY LOCAL REG.<br><u>7-20-54</u>  | REGISTRAR'S SIGNATURE<br><u>Sumner D. Deputy</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>McLaughlin Bros</u>   | ADDRESS<br><u>Sedalia</u>  |

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..... *KPM Crarr*

Licensed Embalmer No. *318*

P. O. Address *Sedal*

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.