

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

5914 State File No. **43377**  
273 PRIMARY REG. DIST. NO. **5915** Registrar's No. **144**

No. 300  
10.48  
FILED JAN 19 1955

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Brazeau Twp.</b>		c. CITY OR TOWN <b>Life</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>Rural Brazeau Twp. 0790</b>	
3. NAME OF DECEASED (Type or Print) <b>Minerva</b>		a. (First) <b>Murray</b>	b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 31, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 6, 1859</b>
9. AGE (In years last birthday) <b>95</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Perry Co. Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Emmanuel Rhyne</b>	
13b. MOTHER'S MAIDEN NAME <b>Margarete Presnell</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Hugh Milster, Frohna, Rt 1, Mo.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, General</b>		10 years	
DUE TO (c)			
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 <b>4221</b>	
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 <b>Aug 23, 1954</b> to <b>Dec. 31st, 1954</b> , that I last saw the deceased alive on <b>Dec. 30, 1954</b> , and that death occurred at <b>4:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Theodore Fischer</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Altenberg, Missouri</b>	
23c. DATE SIGNED <b>1-1-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 2, 1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Presbyterian Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Brazeau, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Jan 2 1955</b>		REGISTRAR'S SIGNATURE <b>Joseph J. Zellner 250</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons</b>		ADDRESS <b>Perryville Mo</b>	

(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 *Wallace Young*.....

Licensed Embalmer No...*402*.....

P. O. Address *Perryville*.....

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.