

FILED MAY 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17558

BIRTH NO. _____		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6254		Registrar's No. 36				
1. PLACE OF DEATH a. COUNTY WAYNE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WAYNE						
b. CITY (If outside corporate limits, write RURAL and give township) COLDWATER		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) COLDWATER		1110				
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓				d. STREET ADDRESS (If rural, give location)						
3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) REBECCA c. (Last) MURRAY			4. DATE OF DEATH (Month) (Day) (Year) MAY 9 55							
5. SEX FEMALE		6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH July 14 1870		9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR Days 7	11. IF UNDER 1 MIN. Hours 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) MADISON Co. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOSEPH STACY			13b. MOTHER'S MAIDEN NAME ELIZABETH BERRY			14. NAME OF HUSBAND OR WIFE JOSEPH B. 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. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GILBERT MURRAY COLDWATER MO.					
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) Aortic Stenosis						INTERVAL BETWEEN ONSET AND DEATH Year		
*This does not mean the mode of dying, such as heart failure, assthenia, 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.										
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/211						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) 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 Jan 1954, to May 1955, that I last saw the deceased alive on May 4, 1955, and that death occurred at 5:00 p.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) D. A. Myers M.D.				23b. ADDRESS Coldwater, MO.			23c. DATE SIGNED 5/18/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 13/55	24c. NAME OF CEMETERY OR CREMATORY PAULUS-COLDWATER MO.		24d. LOCATION (City, town, or county) (State) COLDWATER, MO.					
DATE REC'D BY LOCAL REG. May 14 1955		REGISTRAR'S SIGNATURE Hetta W. [unclear]			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marion E. Bowler Greenville, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

10.48

110

RECEIVED  
MAY 18 1955

WAYNE CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 \_\_\_\_\_

*me*

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

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed

*Marvin E. Bowles*

Licensed Embalmer No. *4426*

P. O. Address *Piedmont, Me*

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.