

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22494**

FILED JUL 9 1956

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6096</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Napton, Missouri</u>		c. LENGTH OF STAY (in this place) <u>10 Yrs.</u>		c. CITY OR TOWN <u>Napton</u>		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 <u>In Napton, Mo. No st. number</u>				e. STREET ADDRESS (If rural, give location) <u>In Napton, Mo. No st. Number</u> ⁰⁹⁷⁰			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) <u>Lee</u> c. (Last) <u>Witcher</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1956</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 7-1889</u>	
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>3</u>		11. DAYS <u>28</u>		12. IF UNDER 12 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Napton, Mo. R.F.D.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alfred B. Murohy</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Jackson</u>			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Susie Widner-Oklahoma City, Okla.</u> ADDRESS <u>Okla.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension + arteriosclerosis</u> DUE TO (c) <u>Cerebrovascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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?				443x	
22. I hereby certify that I attended the deceased from <u>Jan 1954</u> to <u>5 July 1956</u> , that I last saw the deceased alive on <u>4 July 1956</u> , and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Karl H. Jones MD.</u> (Degree or title)				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>7-5-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/8/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-6-56</u>		REGISTRAR'S SIGNATURE <u>Cecil S. Reade</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leslie Sussery - Marshall, Mo.</u> ADDRESS			

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

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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..... *J. Leslie Swanson*

Licensed Embalmer No. *323*

P. O. Address *Marshall*

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.