

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28006**

FILED AUG 21 1956

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4436 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a-- STATE <u>Missouri</u> --b-- COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Appleton City</u>		c. CITY OR TOWN <u>Osceola</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>16 days</u>		e. STREET ADDRESS (If rural, give location) <u>0930</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Ellett Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rhoda</u>	b. (Middle) <u>-</u>	c. (Last) <u>Murray</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug; 15, 1956</u>
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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>April 2, 1879</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Warrensburg Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Lewis Hosman</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Skidmore</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dale Lawler, Osceola Missouri</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>16 Hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Gall Bladder</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease</u>		<u>Years</u>	

19a. DATE OF OPERATION <u>14 Aug 56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of GB. c. biliary obstruction 155X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 15:00pm, 1955, to 15 Aug, 1956, that I last saw the deceased alive on 15 Aug 1956, and that death occurred at 1:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. H. Slesler, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Appleton City Mo</u>	23c. DATE SIGNED <u>15 Aug 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/17/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lowry City</u>	24d. LOCATION (City, town, or county) (State) <u>Lowry City Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 17 1956</u>	REGISTRAR'S SIGNATURE <u>Chas Abney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodrich Funeral Home, Osceola Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

285

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 *F B Goodrich*.....

Licensed Embalmer No. *3038*.....

P. O. Address *Osceola*.....

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.