

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

No. 300
10-48

FILED DEC 27 1956

State File No. **44535**

BIRTH NO. _____		REG. DIST. NO. 354	PRIMARY REG. DIST. NO. 6199	Registrar's No. 93
1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Texas		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. Grove-Rural-Clinton		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. Grove--Rural-Clinton Township
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#4		d. STREET ADDRESS (If rural, give location) R.F.D.#4		
3. NAME OF DECEASED (Type or Print) Callie		a. (First)	b. (Middle) Murr	c. (Last)
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Bado--Texas County, Missouri
13a. FATHER'S NAME E.G. Ragsdale		13b. MOTHER'S MAIDEN NAME Elizabeth Porterfield		14. NAME OF HUSBAND OR WIFE Steve A. Murr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Steve A. Murr ADDRESS Mountain Grove, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis & Occlusion Sudden ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
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)		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 Nov. 19 55 , to Nov. 7, 19 56 , that I last saw the deceased alive on Nov. 7, 19 56 , and that death occurred at 6:45 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE W. A. Craig		(Degree or title) D O F		23b. ADDRESS Mtn. Grove, Mo.
23c. DATE SIGNED 12-6-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		
24b. DATE 12/7/1956		24c. NAME OF CEMETERY OR CREMATORY Murr Cemetery		24d. LOCATION (City, town, or county) (State) Texas County, Missouri.
DATE REC'D BY LOCAL REG. 12-20-56		REGISTRAR'S SIGNATURE Gaynell Cunningham		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Barber ADDRESS Wm. Lane, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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1951 02 18

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
Student Embalmer

Signed *George Stapp* _____

Licensed Embalmer No. 3164 _____

P. O. Address Wm. Lane, Mo _____

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.