

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34695

STATE FILE NUMBER

FILED NOV 5 1957

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 372

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri Co. MO.</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkville,</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Queen City,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grim-Smith Hosp.</u>			Length of stay in lb <u>1 day</u>	d. STREET ADDRESS (If outside, give location) <u>D 9th</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Lily</u> Middle <u>Mae</u> Last <u>Murrell</u>			4. DATE OF DEATH Month <u>10</u> Day <u>24</u> Year <u>57</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>12-17-80</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u> 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>None</u>		11. BIRTHPLACE (City and state or country) <u>Schuyler Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Evans</u>				14. MOTHER'S MAIDEN NAME <u>Martha White</u>			
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></u>		17. INFORMANT <u>George Murrell</u> Address <u>Kirkville, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Atherosclerotic heart disease</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>4200</u>						19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u></u>				
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>		COUNTY <u></u>		STATE <u></u>	
21. I attended the deceased from <u>10-24-57</u> to <u>10-24-57</u> and last saw her ^{her} him alive on <u>10-24-57</u> Death occurred at <u>7:45 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>M. T. Engler M.D.</u>				22b. ADDRESS <u>Kirkville, Mo.</u>		22c. DATE SIGNED <u>10-28-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-27-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u>		23d. LOCATION (City, town, or county) (State) <u>Schuyler Co. Missouri</u>		
24. FUNERAL DIRECTOR <u>Normans</u> ADDRESS <u>Lancaster, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>10-29-1957</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
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300
1-56
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11-19-2013 BY 60322 UCBAW/STP
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Sector, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

NOV 14 1957

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 *Donald E. Foster*.....
Licensed Embalmer No. *477*.....
P. O. Address *Fulford*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.