

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024414

STATE FILE NUMBER, -

FILED JUL 9 1958 Registration District No. 366 Primary Registration District No. 6246 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Concord Township		c. CITY OR TOWN Irondale 1100°	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Irondale		d. STREET ADDRESS (If outside, give location) Concord Township	
Length of stay in lb 18 Yrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Cordia Middle Lynnette Last Murrie			4. DATE OF DEATH Month June Day 29 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 7, 1881	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
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 country) Vienna, Illinois	
13. FATHER'S NAME Rubin Jackson			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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. None		17. INFORMANT Address Joseph W. Murrie Irondale, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPOSTATIC PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CARDIAC DECOMPENSATION	1 YEAR
	DUE TO (c) CARDIAC HYPERTROPHY	1 YEAR
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 4344		19. WAS AUTOPSY PERFORMED? 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.)	
20c. TIME OF INJURY Hour 1:15 A. Month 6 Day 29 Year 1958		
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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-17-56 to 6-29-58 and last saw ^{her} alive on 6-29-58 Death occurred at 1:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE C. S. Howell, D.O. (Degree or title)	22b. ADDRESS 7 1/2 River, Mo.	22c. DATE SIGNED 6-30-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/1/58	23c. NAME OF CEMETERY OR CREMATORY Big River Cemetery	23d. LOCATION (City, town, or county) (State) Irondale, Missouri
24. FUNERAL DIRECTOR ADDRESS Bert L. Boyer Leadwood, Mo.		25. DATE RECD. BY LOCAL REG. 7/7/58	26. REGISTRAR'S SIGNATURE Arburt Rudal

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

AUG 18 1988

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 *William E. Boyer*

Licensed Embalmer No. *47*

P. O. Address *Leedswood*

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.