

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008644
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau 0164	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E.MO.Hosp.		d. STREET ADDRESS (If outside, give location) S.E.MO.Hosp	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Length of stay in lb 8 Hours		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Kathy Marie Murray			4. DATE OF DEATH Month Day Year March 24 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 24, 1959	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo. 6	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Carroll Murray	13b. MOTHER'S MAIDEN NAME Virginia Robinson	14. NAME OF HUSBAND OR WIFE
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Carroll Murray Perryville, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Premature Infant DUE TO (b) Approx. 6 mos. gestation DUE TO (c) Indetermined		INTERVAL BETWEEN ONSET AND DEATH 8 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) //
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20c. TIME OF INJURY Hour Month, Day, Year p.m.	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 Cape Girardeau, Mo.	COUNTY Cape Girardeau	STATE Missouri
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21. I attended the deceased from Death occurred at 1 P.M. to 8:36 P.M. and last saw her alive on 3-24-59		in or on date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Chas. J. Herbert, M.D.	22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 3-31-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 25, 1959	23c. NAME OF CEMETERY OR CREMATORY Patton Cemetery	23d. LOCATION (City, town, or county) (State) Patton Missouri
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24. FUNERAL DIRECTOR Young & Sons	ADDRESS Perryville, Mo	25. DATE RECD. BY LOCAL REG. 4-3-'59	26. REGISTRAR'S SIGNATURE Irene Kasten
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ ^{not emb}
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Wallace J. Perry*

Licensed Embalmer No. *4027*
P. O. Address *Perryville*

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.