

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-022216
STATE FILE NUMBER

FILED VS. JUN 20 1960

10

Primary Registration District No. 3002

Registrar's No. 144

INDEXED

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Audrain				
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in lb 11 yrs		c. CITY OR TOWN Mexico		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Allen Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 114 N. Agricultural		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Emma T. Murray				4. DATE OF DEATH Month June Day 7 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Sept. 14, 1925	9. AGE (last birthday) 34	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Perryville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John F. Miller			13b. MOTHER'S MAIDEN NAME Elizabeth Helen Lackey			14. NAME OF HUSBAND OR WIFE		
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 Millard Murray, New Haven, Conn.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyelonephritis						INTERVAL BETWEEN ONSET AND DEATH 1 year		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Neurogenic bladder						1 year		
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year							
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 Aug 27 1959 to June 7 1960 and last saw her ^{her} _{him} alive on June 7 1960 Death occurred at 5:00 ^{am} on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Dr. Saurie 2nd				22b. ADDRESS Rolla Mo		22c. DATE SIGNED 6-9-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 10, 60	23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery		23d. LOCATION (City, town, or county) (State) Rolla, Mo.				
24. FUNERAL DIRECTOR Precht-Hueston			ADDRESS Mexico, Mo.		25. DATE RECD. BY LOCAL REG. June 10-1960	26. REGISTRAR'S SIGNATURE Blanche Neely		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl T. Pugh

Licensed Embalmer No. 3189

P. O. Address Memphis

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.