MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RECEIVED VS OCT 31 1960

-60-038813
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp. — Length of stay in Ib 6 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Herculaneum — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Affton — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4756 Siebert Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Angeline — Middle Florence — Last Murry
4. DATE OF DEATH: Month Oct. Day 15 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH May 22, 1893
9. AGE (last birthday) 67 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Licensed Practical Nurse
10b. KIND OF BUSINESS OR INDUSTRY General Nursing
11. BIRTHPLACE (City and state or country) Goldman, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Harry M. Thomas
13b. MOTHER'S MAIDEN NAME Angeline Clover
14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 503-32-1967
17. INFORMANT Address: Alonzo F. Murry, Herculaneum, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10/15/60, to 10/15/60 and last saw her/him alive on 10/15/60
Death occurred at 1:55 PM 10/15/60 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD
22b. ADDRESS Herculaneum Mo
22c. DATE SIGNED 10/18/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 19, 1960
23c. NAME OF CEMETERY OR CREMATORY Roselawn
23d. LOCATION (City, town, or county) (State) Crystal City, Mo.
24. FUNERAL DIRECTOR ADDRESS Vinyard Fun'l Homes, Inc., Festus, Mo.
25. DATE RECD. BY LOCAL REG. 10-18-60
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — BY AFFIDAVIT OF

FEB 2 1 1967

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 _____ Signed Donald H Wing

Signature of Student Embalmer

Licensed Embalmer No. 4608

P. O. Address Fester

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