

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 2 1960  
 ED VS NOV 2 1960  
 Registration District No. **282**

Primary Registration District No. \_\_\_\_\_  
 Registrar's No. **123**

**-60-039321**  
 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Polk</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <b>Humansville</b>		c. CITY OR TOWN <b>Humansville</b>	
Length of stay in 1b <b>2 mos.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Big Springs Rest Home</b>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Cora</b> Middle <b>Ann</b> Last <b>Murdock</b>			4. DATE OF DEATH Month <b>10</b> Day <b>19</b> Year <b>1960</b>		
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5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/18/1879</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Henning, Minnesota</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Clark Hursh</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Krause</b>	14. NAME OF HUSBAND OR WIFE <b>Ralph</b>
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15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>--</b>	16. SOCIAL SECURITY NO. <b>--</b>	17. INFORMANT Address <b>Ralph Murdock, Humansville, Mo.</b>
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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) <b>Cancer of Lungs</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Pressure from Ca of lung</b>	
	DUE TO (c) <b>caused lungs + heart to completely fail by pressure</b>	
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 checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year
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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 <b>Humansville</b>	COUNTY <b>Polk</b>	STATE
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21. I attended the deceased from <b>June 1960</b> to <b>Oct. 1960</b> and last saw her/him alive on <b>Oct. 17, 60</b> Death occurred at <b>8:40</b> A. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>R Easton M.D.</b>	22b. ADDRESS <b>Peaubleau Mo</b>	22c. DATE SIGNED <b>Oct. 19, 60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10/23/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Humansville Cemetery</b>	23d. LOCATION (City, town, or county) <b>Humansville, Missouri</b>
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24. FUNERAL DIRECTOR <b>Beckwith Funeral Home, Humansville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct 24, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Ralph Gordon per Gwuell</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed C. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Hummerville

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.