

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046691

FILED VS DEC 27 1960 171

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 44

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) Odessa		Length of stay in 1b 12 yr	c. CITY OR TOWN Odessa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 111 N. Fourth			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 111 N. Fourth		
3. NAME OF DECEASED (Type or print) First William Middle Martin Last Murry			4. DATE OF DEATH Month Dec. Day 16 Year 1960			
5. SEX male	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 4-5-1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Wellington, Mo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Lum Murry		13b. MOTHER'S MAIDEN NAME Jennie Barker		14. NAME OF HUSBAND OR WIFE Anna Myrtle Murry		
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 Mrs. Anna Myrtle Murry, Odessa, 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) Pellmonay Emphysema DUE TO (b) myocardial failure DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
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 _____ a.m. _____ p.m. 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 past 7 yrs to death and last saw her alive on 12-16-60 Death occurred at 111 N. Fourth on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) W. S. Martin MD			22b. ADDRESS Odessa, Missouri		22c. DATE SIGNED 12-17-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-18-60	23c. NAME OF CEMETERY OR CREMATORY Brenton Cem.	23d. LOCATION (City, town, or county) (State) Odessa, Lafayette, Mo.			
24. FUNERAL DIRECTOR Ralph O. Jones Odessa, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 12-20-1960	26. REGISTRAR'S SIGNATURE Emma Davidson		

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 Ralph D. Jones

Licensed Embalmer No. 400

P. O. Address Odessa

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.