

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-009546

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 575 Primary Registration District No. 6098 Registrar's No. 53

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 9 1962

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

3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>May</u> Last <u>Murrell</u>			4. DATE OF DEATH Month <u>Mar</u> Day <u>2</u> Year <u>1962</u>		
---	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 12 1875</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
-------------------------	------------------------------	---	--	-------------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Schuyler</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	--	---	--

13a. FATHER'S NAME <u>Jasper Martin</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah McLaughlin</u>	14. NAME OF HUSBAND OR WIFE <u>F.E. Murrell</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT <u>Sam Murrell</u>	Address <u>Lancaster Mo</u>
---	--------------------------------------	-------------------------------------	--------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Circulatory failure</u>		<u>Weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Congestive Heart failure</u>	<u>1 year</u>
	DUE TO (c) <u>Myocardial infarction</u>	<u>1 year</u>

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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>
---	--------------------------

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 <u>Lancaster</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
--	--	--	---------------------	--------------------

21. I attended the deceased from 5-9-59 to 3-2-62 and last saw her him alive on 3-2-62
Death occurred at 6:55 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H.R. Stokes</u>	(Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Lancaster, Mo.</u>	22c. DATE SIGNED <u>3-3-62</u>
--------------------------------------	----------------------------------	---------------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar 4 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Armi Memorial</u>	23d. LOCATION (City, town, or county) <u>Lancaster</u>	(State) <u>Mo</u>
--	--------------------------------	--	---	----------------------

24. FUNERAL DIRECTOR <u>Normans Lancaster Mo</u>	25. DATE RECD. BY LOCAL REG. <u>March 3, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Florence Shepherd</u>
---	--	---

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:
 ITEM NO. SHOULD READ
 1. DATE AMENDED
 2. 0980
 3. 0980
 4. 1
 5. 2
 6. 0
 7. 0
 8. 2
 9. 4201
 10. 90-2
 11. 1-0
 12. 90-2
 13. 1-0

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Permit obtained March 3, 1962

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 Joe L. Foster

Licensed Embalmer No. 4742

P. O. Address Fickens, Mo.

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.