S. No. 300
v. 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 682

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5404 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Douglas
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ava, R, Finley
c. LENGTH OF STAY (in this place): 74
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Douglas
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ava, Rural, Finley 0350
d. STREET ADDRESS (If rural, give location): R

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth
b. (Middle): Jane
c. (Last): Murray

4. DATE OF DEATH: (Month) 1-15-50 (Day) (Year)

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12-17-75

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ava, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wm. W. Spurlock

13b. MOTHER'S MAIDEN NAME: Sarah E. Shelton

14. NAME OF HUSBAND OR WIFE: Robert L. Murray

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'S SIGNATURE OR NAME ADDRESS: J. P. Murray Augusta, Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypo Static Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Myocardial failure — 24 hr
DUE TO (c): Chronic Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Obesity & Pneumonia — 1 2 22

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-13-, 1950, *to* 1-15-, 1950, *that I last saw the deceased alive on* 1-15-, 1950, *and that death occurred at* 12:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. C. Henry M.D.
23b. ADDRESS: Ava Mo
23c. DATE SIGNED: 1-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1919-50
24c. NAME OF CEMETERY OR CREMATORY: Murray
24d. LOCATION (City, town, or county) (State): Squires, Missouri.

DATE REC'D BY LOCAL REG.: 2-2-50
REGISTRAR'S SIGNATURE: Vestal Buchanan
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED FEB 7 1950
District Health Office No. 6,
District File Number 250-184
Date Filed 2-7-50

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 .....
Student Embalmer

Signed Charles R. Fish
Licensed Embalmer No. 4662
P. O. Address Ava, 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 this body is not embalmed, fact should be so stated above.