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FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16137**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. CITY OR TOWN Trenton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 20 years		f. STREET ADDRESS (If rural, give location) 1715 Princeton, Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1715 Princeton, Rd. Trenton, Mo			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Helena	b. (Middle) J	c. (Last) Murrell	(Month) April	(Day) 25	(Year) 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH APR 6, 1901		9. AGE (In years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) California, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fischer	13b. MOTHER'S MAIDEN NAME Henrietta Heinen	14. NAME OF HUSBAND OR WIFE Herbert Murrell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Herbert Murrell ADDRESS Trenton, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno-Carcinoma of Uterus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 174x
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1st**, 19**54**, to **April 25th**, 19**56** that I last saw the deceased alive on **April 25th**, 19**56**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Walter F. Duffy MD (Degree or title)	23b. ADDRESS Trenton Mo	23c. DATE SIGNED April 26th 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR 27 1956	24c. NAME OF CEMETERY OR CREMATORY Whitman's Parish cemetery
24d. LOCATION (City, town, or county) (State) California, Mo		
DATE REC'D BY LOCAL REG. 4-27-56	REGISTRAR'S SIGNATURE Jane Fair	25. FUNERAL DIRECTOR'S SIGNATURE Gordon Blackmer ADDRESS Trenton, Mo

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

O.F. Duffy.

(Licensed Embalmer's Statement on Reverse Side)

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 *Harold Roberts*.....

Licensed Embalmer No. *492*

P. O. Address *Trenton,*

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.