

# STANDARD CERTIFICATE OF DEATH

36586

State File No. \_\_\_\_\_

FILED OCT 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5793 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUPUS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUPUS MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LUPUS MO</u>		d. STREET ADDRESS (If rural, give location) <u>LUPUS MO.</u>	
3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 12-1953</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>APRIL 20-1865</u>	
9. AGE (In years last birthday) <u>88</u>		10. AGE (In years last birthday) <u>88</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WORK</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>NATHAN MURFELL</u>		13b. MOTHER'S MAIDEN NAME <u>JANEY THOMPSON</u>	
14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Genevieve Thompson Lyons</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerosis</u>  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) <u>Lupus Moniteau MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>OCT 2, 1953</u> to <u>OCT. 18, 1953</u> , that I last saw the deceased alive on <u>OCT. 17, 1953</u> and that death occurred at _____ from the causes and on the date stated above.	
23a. SIGNATURE <u>Dr. Benjamin S. D.</u>		23b. ADDRESS <u>California</u>	
23c. DATE SIGNED <u>10/19/53</u>		24a. BURIAL, CREMATION, REMOVAL <u>BURIED</u>	
24b. DATE <u>OCT. 19-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHEL C.E.M.</u>	
24d. LOCATION (City, town, or county) (State) <u>NEAR JAMESTOWN MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ALBERT HORNBECK</u>	
DATE REC'D BY LOCAL REG. <u>Oct 21-1953</u>		REGISTRAR'S SIGNATURE <u>Gladys M. Snow</u>	

(Licensed Embalmers' Statement on Reverse Side)

Mo.

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

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prarie Home 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.