S. No. 300
v. 10.48

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FILED JUN 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19201
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 528

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): O'Reilly VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location): 316½ Boonville Street

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

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 23, 1879
9. AGE (In years last birthday): 69 — 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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Stockville, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Joseph H. Murray
13b. MOTHER'S MAIDEN NAME: Hannah Waldren
14. NAME OF HUSBAND OR WIFE: Rose Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 7/2/01 to 1/16/04
16. SOCIAL SECURITY NO.: 568326167
17. INFORMANT'S SIGNATURE OR NAME: O'Reilly VAH Records — ADDRESS: Springfield, Mo

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) Myocardial and valvular insufficiency.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiac hypertrophy
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Multiple pulmonary infarctions. Nephrosclerosis.

INTERVAL BETWEEN ONSET AND DEATH: 72 2

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* May 30, 1949, *to* June 14, 1949; *that I last saw the deceased alive on* June 14, 1949, *and that death occurred at* 11:50 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul L. Eisele (Degree or title) PAUL L. EISELE, M. D.
23b. ADDRESS: O'Reilly VAH Springfield, Mo
23c. DATE SIGNED: June 14, 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 17 1949
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Mo

DATE REC'D BY LOCAL REG.: 6/15/49
REGISTRAR'S SIGNATURE: W. E. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Berman-Schaefer Home — ADDRESS: Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Gene Hunter, Student Embalmer No. 291, working under my personal supervision.

Signed Gene Hunter
Student Embalmer

Signed Lewis G. Schaff

Licensed Embalmer No. 3202

P. O. Address Springfield, Ill.

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.