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FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31153

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles
c. LENGTH OF STAY (in this place): 3 Days
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: Colorado
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brighton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Chevalier
b. (Middle): P.
c. (Last): MURRAY

4. DATE OF DEATH (Month) (Day) (Year): Sept. 12th 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 28-1884
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 2 / Min. 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Morgan County, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Benton Murray
13b. MOTHER'S MAIDEN NAME: Caroline Marple
14. NAME OF HUSBAND OR WIFE: Katherine Lehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Benton Ball - Versailles 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

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.: Coronary Thrombosis 4 yrs ago — 4 yrs

19a. DATE OF OPERATION: none
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): Versailles Mo
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* Sept 11, 1949, *to* Sept 12, 1949, *that I last saw the deceased alive on* Sept 11, 1949, *and that death occurred at* 3 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A J Gunn MD
23b. ADDRESS: Versailles Mo
23c. DATE SIGNED: 9/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12 Sept. 49
24c. NAME OF CEMETERY OR CREMATORY: Brighton, Colo
24d. LOCATION (City, town, or county) (State): Brighton, Colo

DATE REC'D BY LOCAL REG.: Sept 12-1949
REGISTRAR'S SIGNATURE: J. L. Washburn 214 V.C.K.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W. F. Kidwell Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 8-49-112
Date Filed 9-19-49

FEB 20 1953

OCT 4 1949

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 Zue N. Bartram

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.