

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22926

0130  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4060 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <b>CALDWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CALDWELL</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>BRECKENRIDGE</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>BRAYMER</b>	
c. LENGTH OF STAY (In this place) <b>2 WKS.</b>		d. STREET ADDRESS (If rural, give location) <b>HOME-BRECKENRIDGE, MO.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MRS. JOHN Souders Nursing Home</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ROBERT</b>	b. (Middle) <b>LITTLETON</b>	c. (Last) <b>MURRAY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 12 1950</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 5, 1868</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b>7</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED FARMER</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ROBERT GLENN MURRAY</b>	13b. MOTHER'S MAIDEN NAME <b>POLLY PERRY</b>	14. NAME OF HUSBAND OR WIFE <b>ELLA MURRAY</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <b>JOHN MURRAY, BRAYMER, MO.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral apoplexy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b>		
	DUE TO (c) <b>hypertrophied heart</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>334X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 6, 1950, to June 12, 1950, that I last saw the deceased alive on June 12, 1950, and that death occurred at 3 P. M., from the causes and on the date stated above.

23a. SIGNATURE <b>J.W. Webb M.D.</b> (Degree or title)	23b. ADDRESS <b>Breckenridge Mo</b>	23c. DATE SIGNED <b>6-14-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JUNE 14 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ZIMMERMAN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>POLO, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>6-27-50</b>	REGISTRAR'S SIGNATURE <b>Mrs. Nell B. Jones</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gene C. Michael</b>	ADDRESS <b>Braymer, Mo.</b>
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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.

Signed \_\_\_\_\_

*Lene C. Michael*

Licensed Embalmer No. \_\_\_\_\_

*4340*

P. O. Address \_\_\_\_\_

*Braymer, 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.