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No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12288

FILED APR 16 1952

BIRTH NO. _____		REG. DIST. NO. 58		PRIMARY REG. DIST. NO. 5216		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY Carter				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Mo. b. COUNTY St. Francis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN 4 Miles W. Van Buren				c. CITY (If outside corporate limits, write RURAL and give township) Flat River 0942			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION U. S. Highway 60				d. STREET ADDRESS (If rural, give location) 313 Bryan			
3. NAME OF DECEASED (Type or Print) Floyd		a. (First)		b. (Middle) Fillmore		c. (Last) Murdick	
4. DATE OF DEATH April 11 52		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	
8. DATE OF BIRTH May 19, 1914		9. AGE (In years last birthday) 37		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic Engineer		11. BIRTHPLACE (State or foreign country) Mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic Engineer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? A	
13a. FATHER'S NAME Philip Murdick		13b. MOTHER'S MAIDEN NAME Lola Groom		14. NAME OF HUSBAND OR WIFE Ina Murdick			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 494-10-1033		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ina Murdick Flat River, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U. S. Highway 60		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carter Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-11-52 7:15 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car Collision			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Seaton Perrett 3 Cor				23b. ADDRESS Van Buren Mo.		23c. DATE SIGNED 4-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-15-1952		24c. NAME OF CEMETERY OR CREMATORY Park View		24d. LOCATION (City, town, or county) (State) St. Francis Co. Mo.	
DATE REC'D BY LOCAL REG. April 14 1952		REGISTRAR'S SIGNATURE Mrs Octa Henson		25. FUNERAL DIRECTOR'S SIGNATURE Seaton Perrett		ADDRESS Van Buren	

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

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SEPT 10 1892

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 Seaton Perwith

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.