

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16972

State File No.

Registrar's No. 234

No. 300
10.48

FILED JUN 7 1952

BIRTH NO. 30095 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001

495

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		d. STREET ADDRESS (If rural, give location) 611 W. Austin St.	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Phillip	c. (Last) Murray	4. DATE OF DEATH (Month) (Day) (Year)
				May 25, 1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 24, 1952	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0	IF UNDER 1 DAY Days 1	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Joplin, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Ed W. Murray	13b. MOTHER'S MAIDEN NAME Maude Sater	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ed W. Murray	ADDRESS 611 West Austin St. Webb City, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immature fetus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Maternal abruptio placenta 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 7615	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)
21d. TIME OF INJURY (Month) (Day) (Year), (Hour) m.	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 24 MAY, 1952, to 25 MAY, 1952, that I last saw the deceased alive on 25 May, 1952, and that death occurred at 3:30A m., from the causes and on the date stated above.

23a. SIGNATURE John E. Burch, M.D. (Degree or title)	23b. ADDRESS 607 Main Joplin	23c. DATE SIGNED 5-26-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 26, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Mo.
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DATE REC'D BY LOCAL REG. 5-29-52	REGISTRAR'S SIGNATURE Ed S. James	138	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnice-Simpson, Webb City, Mo.	ADDRESS Mortuary
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED: 6-4-52
Jasper County Health Office

County File Number 52/6/423

Date Filed 6-4-52

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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 *D. Hawley E. Lane*.....

Licensed Embalmer No. 4463

P. O. Address *Wrens City, 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.