

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34421

State File No.

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5604 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Johnson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montserrat</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montserrat</u> d. STREET ADDRESS (If rural, give location) _____	
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3. NAME OF DECEASED (Type or Print) <u>George</u>	a. (First) _____ b. (Middle) _____ c. (Last) <u>Murley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 25, 1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MIN. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Mailcarrier</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pennsylvania</u>
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12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	13a. FATHER'S NAME <u>Joseph Murley</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>
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14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>
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17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eunice Watson, Sparta, Missouri</u>	ADDRESS _____	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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> _____ DUE TO (c) <input checked="" type="checkbox"/> _____	
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 <u>4/20/1</u>	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) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Montserrat Johnson Mo</u>
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? _____

22. I hereby certify that I attended the deceased from Oct 1, 1924, to Nov 2, 1954, that I last saw the deceased alive on Nov 2, 1954, and that death occurred at 2:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. W. Brown, M.D.</u>	23b. ADDRESS <u>Knob Noster Mo</u>	23c. DATE SIGNED <u>Nov 4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11/8-54</u>	REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Raymond Baker, Knob Noster, Mo.</u>
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

NOV 16 1954

RECEIVED
NOV 8 1954
ALLEGES

JOHNSON COUNTY HEALTH DEPT

552

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 *W. Raymond Baker*

Licensed Embalmer No. *4616*

P. O. Address *W. of Master, 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.