

STANDARD CERTIFICATE OF DEATH

5623

State File No.

FILED FEB 21 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>MONROE CITY</u>		c. LENGTH OF STAY (In this place) 3		c. CITY OR TOWN <u>MONROE CITY</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WASHINGTON ST R.R. Crossing</u>				e. STREET ADDRESS (If rural, give location) <u>213. THIRD ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>MURRAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 12 1955</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 16 - 1927</u>	
9. AGE (In years last birthday) <u>27</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 4 HRS. Hours <u>26</u>		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Highway Maintenance</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>ROLLS COUNTY MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>PERRY Cecil MURRAY</u>		13b. MOTHER'S MAIDEN NAME <u>ALMEDIA CHASE</u>	
14. NAME OF HUSBAND OR WIFE <u>SHIRLEY LOUISE MURRY</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW2</u>			
16. SOCIAL SECURITY NO. <u>492-282647</u>				17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Margie Smith - Humboldt Mo</u>			
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) <u>HEAD & CHEST INJURY.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8104</u> <u>27</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RAILROAD Crossing</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Monroe City, Monroe Missouri</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>FEBRUARY 12 1955 5:45 PM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>STRUCK BY C.B.&O. Passenger TRAIN No 35</u>					
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 <u>HUMBERT</u> <u>5:45 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Russell M. Wilson Coroner 3.</u>				23b. ADDRESS <u>Monroe City, Mo.</u>		23c. DATE SIGNED <u>2/14-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-15-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ANDREW CHAPEL Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marion County Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-19-55</u>		REGISTRAR'S SIGNATURE <u>E. L. Robertson</u>		471		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>WILSON & SONS, Monroe City, Mo.</u>	

MAR 1955

JUN 30 1960

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 Signature of Student Embalmer

Signed *Leslie L. Nelson*

Licensed Embalmer No. *3014*

P. O. Address *Monroe City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.