

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2398

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 2056 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give town) Moberly		c. CITY OR TOWN Moberly	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormick Hospital		STREET ADDRESS (If rural, give location) 530 Madison	
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) F.	
c. (Last) Murray		4. DATE OF DEATH (Month) (Day) (Year) Jan 11th 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov 19-1880
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 1 Days 22	IF UNDER 24 HRS. Hours Min. 	11. BIRTHPLACE (City and State or Foreign Country) Mo
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd Sexton	10b. KIND OF BUSINESS OR INDUSTRY Cemetery	12. CITIZEN OF WHAT COUNTRY? Mo	
13a. FATHER'S NAME John Murray		13b. MOTHER'S MAIDEN NAME Harriett Hubbard	
14. NAME OF HUSBAND OR WIFE		17. INFORMANT'S SIGNATURE OR NAME Mrs Sadie Goodman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492X	
15. ADDRESS (If you, give way or dates of service)		17. ADDRESS Moberly, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Interstitial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cystitis with Diverticulum of Bladder with putrefaction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. INTERVAL BETWEEN ONSET AND DEATH 3 days		18. INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	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 _____, 1951, to JAN 11, 1956, that I last saw the deceased alive on JAN 10, 1956, and that death occurred at 7:40 P. M., from the causes and on the date stated above.			
23a. SIGNATURE Wm. J. Jolly (Degree or title)		23b. ADDRESS 5012 Moberly, Mo	23c. DATE SIGNED 1-13-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-13-1956	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly, Mo
DATE REC'D BY LOCAL REG. 1-13-56	REGISTRAR'S SIGNATURE Leah Row	25. FUNERAL DIRECTOR'S SIGNATURE Mahan and Son	ADDRESS Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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..

Student.....
Signature of Student Embalmer

Signed..... *Frank L. D. Witt*

Licensed Embalmer No. *302*

P. O. Address *Mobile*

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.