

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14267**

FILED MAY 10 1956

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5982		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived) (If institution: residence before admission). a. STATE Missouri b. COUNTY Polk			
b. CITY OR TOWN Pleasant Hope		c. CITY OR TOWN Pleasant Hope		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. LENGTH OF STAY (If this place) Life				e. STREET ADDRESS (If rural, give location) 2 1/2 mi. N.E. of Pleasant Hope			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 mi. N.E. of Pleasant Hope				e. STREET ADDRESS 2 1/2 mi. N.E. of Pleasant Hope			
3. NAME OF DECEASED (Type or Print) a. (First) Benjamin			b. (Middle) Mahlon Fredrick		c. (Last) Murray		4. DATE OF DEATH (Month) (Day) (Year) April 26 1956
5. SEX M		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 18 1888	
9. AGE (In years last birthday) 67		10. MONTHS 8		11. DAYS 8		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Near Pleasant Hope Mo 67188	
12a. FATHER'S NAME William Monroe Murray			13. MOTHER'S MAIDEN NAME Jerushah Mayfield Murray			14. NAME OF HUSBAND OR WIFE Mrs. Mary Murray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 491-42-8736		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Murray ADDRESS No. Pleasant Hope			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot in chest				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) piercing heart			
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pleasant Hope Polk Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 26 1956 3:30 PM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? self inflicted					
22. I hereby certify that I attended the deceased from April 24, 1956 , to April 26, 1956 , that I last saw the deceased on April 26, 1956 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Obys Festa				23b. ADDRESS Coronville Bolivar Mo.		23c. DATE SIGNED April 30, 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/29/1956		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hope Cemetery		24d. LOCATION (City, town, or county) (State) Pleasant Hope Mo.	
DATE REC'D BY LOCAL REG. May 13, 1956		REGISTRAR'S SIGNATURE Ralph Gordon		25. FUNERAL DIRECTOR'S SIGNATURE W. B. Crum ADDRESS Bolivar Mo.			

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

MAY 10 1956

MAY 31 1956

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 *Chas J. Foster*.....
Licensed Embalmer No. *415*
P. O. Address *Bolivar,*.....

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.