

FILED FEB 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

478

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 31

| | | | | | |
|--|----------------------------------|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Fulton | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route to Hosp. | | Length of stay in lb nil | | d. STREET ADDRESS (If outside, give location) 710 Court St. | |
| 3. NAME OF DECEASED (Type or print) First Loren Middle LE Mire Last Murrey | | | 4. DATE OF DEATH Month Day Year Feb. 1, 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 29, 1901 | 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired taxi and | | 10b. KIND OF BUSINESS OR INDUSTRY Real Estate | 11. BIRTHPLACE (City and state or country) Bethany Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13. FATHER'S NAME Walter Murrey | | | 14. MOTHER'S MAIDEN NAME Zella Lemire | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 488 16 7644 | 17. INFORMANT Address Tina Murrey Fulton Mo. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) atherosclerosis DUE TO (c) myocardial infarct PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | INTERVAL BETWEEN ONSET AND DEATH minutes years 5/27/56 |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | STATE |
| 21. I attended the deceased from 1950, to 2/1/57 and last saw him alive on 1/28/57 Death occurred at 5:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Harry D. M.D. | | | 22b. ADDRESS Fulton, Mo. | | 22c. DATE SIGNED 2/2/57 |
| 23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) Burial | 23b. DATE Feb. 5 - 1957 | 23c. NAME OF CEMETERY OR CREMATORY Hillcrest | 23d. LOCATION (City, town, or county) Fulton MO. | | (State) |
| 24. FUNERAL DIRECTOR ADDRESS Maxie Fulton Mo. | | 25. DATE RECD. BY LOCAL REG. Feb. 9 - 1957 | 26. REGISTRAR'S SIGNATURE Marjette Lawrence | | |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300
1-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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1951 5-1 7002

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 *[Handwritten Signature]*

Licensed Embalmer No. *372*

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.