

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1938**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **41**

1. PLACE OF DEATH
a. COUNTY **Livingston**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)
a. STATE **Missouri** b. COUNTY **Livingston**

b. CITY (If outside corporate limits, write RURAL and give town) **Chillicothe** c. LENGTH OF STAY (in this place) **3 Min.**
c. CITY OR TOWN **Chillicothe** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Hickory St. Crossing of the CB&Q R.R.**
e. STREET ADDRESS (If rural, give location) **102 Walnut St.**

3. NAME OF DECEASED (Type or Print)
a. (First) **JOHN** b. (Middle) **FRANKLIN** c. (Last) **MURCHISON** 4. DATE OF DEATH (Month) (Day) (Year) **January 14, 1957**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Feb. 28, 1885** 9. AGE (In years) (Last birthday) **71** IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer** 10b. KIND OF BUSINESS OR INDUSTRY **City Utilities** 11. BIRTHPLACE (City and State or Foreign Country) **Alabama** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Flavour Murchison** 13b. MOTHER'S MAIDEN NAME **Mollie Gallops** 14. NAME OF HUSBAND OR WIFE **Virgie Murchison**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **486-12-6905** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Francis Conner, Tina, Missouri**

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) **Cerebral Contusion Severe** INTERVAL BETWEEN ONSET AND DEATH **Instant**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **Laceration Severe R Mastoid Region** **Instant**
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 **8100 27** 20. AUTOPSY? **2** YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, yard, factory, street, public bldg, etc.) **Railroad track** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **Chillicothe, Livingston Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **Jan 13 57 1:45** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **Train struck truck he was driving**

22. I hereby certify that I attended the deceased from **No No**, 19____, to _____, 19____, that I last saw the deceased alive on **Jan 13, 1957**, and that death occurred at **1:00 pm**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) **Joseph A. Conrad M.D. (Coroner)** 23b. ADDRESS **Chillicothe, Mo** 23c. DATE SIGNED **Jan 14-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jan 16, 1957** 24c. NAME OF CEMETERY OR CREMATORY **Edgewood Cemetery** 24d. LOCATION (City, town, or county) (State) **Chillicothe, Missouri**

DATE REC'D BY LOCAL REG. **1-14-57** REGISTRAR'S SIGNATURE **Francis B. Nail** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **NORMAN FUNERAL HOME: Chillicothe, Mo.**

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

71-2

FEB 13 1957

MAR 28 1957

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 *Joseph M. Gibson*

Licensed Embalmer No....4769

P. O. Address Chillicothe

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.