

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22054

STATE FILE NUMBER 4

FILED JUL 15 1957

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <i>Pemiscot</i>			2. USUAL RESIDENCE (Where deceased lived. If institutional residence, before admission) a. STATE <i>Tennessee</i> b. COUNTY <i>Shelby</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hayti</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Memphis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <i>Transit Hotel Tourist Court</i>			d. STREET ADDRESS (If outside, give location) <i>1191 Marbo Drive</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Charles William Murray</i>			4. DATE OF DEATH Month <i>June</i> Day <i>25</i> Year <i>1957</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 13, 1913</i>	9. AGE (In years last birthday) <i>43</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>12</i> Hours <i></i> Mins. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Accountant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>City Product Co., Allentown, Pa.</i>		11. BIRTH PLACE (City and state or country) <i>Allentown, Pa.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Michael D. Murray</i>			14. MOTHER'S MAIDEN NAME <i>Katherine C. Cosgrove</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>211-01-7737</i>		17. INFORMANT <i>1191 Marbo Dr Mrs Charles Murray Memphis, Tenn.</i>	
18. CAUSE OF DEATH {Enter only one cause per line for (a), (b), and (c).}					INTERVAL BETWEEN ONSET AND DEATH <i>10 min.</i>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) _____					
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <i></i> Month <i></i> Day <i></i> Year <i></i> a. m. <i></i> p. m. <i></i>					
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 COUNTY STATE	
21. I attended the deceased from <i>D.O.A. sudden</i> and last saw her <i>him</i> alive on _____ Death occurred at <i>10:30 p.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Dr. Shiner</i>			22b. ADDRESS <i>M.D.</i>		22c. DATE SIGNED <i>7-10-57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>6-27-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St Mary Magdalen</i>		23d. LOCATION (City, town, or county) (State) <i>Memphis, Tenn.</i>
24. FUNERAL DIRECTOR <i>John H. German</i>		ADDRESS <i>Hayti, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>7-10-57</i>	26. REGISTRAR'S SIGNATURE <i>John H. German</i>

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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

(Licensed Embalmer's Statement on Reverse Side)

7-196-57

JUL 10 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUL 27 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 *John H. German*

Licensed Embalmer No. *403*

P. O. Address *Hayti,*

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.