

pr. Health,
c., & Welfare
S. Public
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V. S. 300
ev. 1-57

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.

267

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45390

STATE FILE NUMBER

FILED DEC 16 1957

Registration District No. 292

Primary Registration District No. 6001

Registrar's No.

1. PLACE OF DEATH a. COUNTY RALLS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RALLS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SALINE TOWNSHIP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN SALINE TOWNSHIP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HUNTINGTON, MOR 1 Length of stay in lb 63 yrs		d. STREET ADDRESS (If outside, give location) HUNTINGTON, -MO RI Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle TAYLOR Last MURRAY			4. DATE OF DEATH Month DEC Day 5 Year 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 JUNE 15, 1894
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 country) RALLS COUNTY, MO
10c. CITIZEN OF WHAT COUNTRY? U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROBERT EUGENE MURRAY		13b. MOTHER'S MAIDEN NAME GERTRUDE ELIZABETH HUBBARD	14. NAME OF HUSBAND OR WIFE BESSIE MURRAY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) YES W.W.I		16. SOCIAL SECURITY NO. 691-40-0153	17. INFORMANT Address Mrs Bessie Murray Huntington, Mo R1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH Sudden death 18 months
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 _____ a.m. _____ p.m. Month, Day, Year _____		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 Nov 18 to Dec 5/1957 and last saw her alive on Dec 5/1957 Death occurred at 7 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Glenn R. Miller (Or press or title)		22b. ADDRESS Hannibal Mo	22c. DATE SIGNED 12-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-7-57	23c. NAME OF CEMETERY OR CREMATORY ARIEL CEMETERY	23d. LOCATION (City, town, or county) (State) RALLS COUNTY, MO

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

24. FUNERAL DIRECTOR Wilson & Sons Address mouse City mo	25. DATE RECD. BY LOCAL REG. 12/10/57	26. REGISTRAR'S SIGNATURE Clyde Wiley
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(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1957

MAY 21 1958

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 Me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Lester L. Kilroy

Licensed Embalmer No. 3014

P. O. Address ... MONROE CITY, MO

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.