

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016468

STATE FILE NUMBER

FILED APR 22 1959 Registration District No. 340 Primary Registration District No. 6149 Registrar's No. 39

300
-57

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Duck Creek		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN 1030 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Puxico R#2 Mo Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Floyd Middle A. Last Murdoch			4. DATE OF DEATH Month Apr Day 6 Year 1959			
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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 Apr 13 1890	9. AGE (In years last birthday) 68	10. FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) Ret. Electrician	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Puxico Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Murdoch	13b. MOTHER'S MAIDEN NAME Nancy Shoemate	14. NAME OF HUSBAND OR WIFE Mary A. Murdoch
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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. 442-05-3820	17. INFORMANT Mrs Mary Murdoch Address Puxico Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 25 Mo.
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 331X	COUNTY	STATE
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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 Puxico Mo	COUNTY	STATE
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21. I attended the deceased from **1950** to **4-6-59** and last saw ^{her} him alive on **4-6-59**
Death occurred at **2:15** a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. Skillingo D.O. (Degree or title)	22b. ADDRESS Puxico Mo	22c. DATE SIGNED 4-9-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-8-59	23c. NAME OF CEMETERY OR CREMATORY Duck Creek	23d. LOCATION (City, town, or county) Puxico Mo	(State)
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24. FUNERAL DIRECTOR Floyd Morgan ADDRESS Puxico Mo	25. DATE RECD. BY LOCAL REG. 4-13-59	26. REGISTRAR'S SIGNATURE Velma V. Jenkins
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Wm H. Mary*

Licensed Embalmer No. *4640*

P. O. Address... *Adrian, Mich*

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.