

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042642

FILED VS DEC 15 1960

171

Primary Registration District No. 0637

Registrar's No. 42

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clay	Length of stay in 1b	c. CITY OR TOWN Odessa	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near Bates City on Highway #40		d. STREET ADDRESS (If outside, give location) 116 W. Dryden	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Cleon Forbes Murry			4. DATE OF DEATH Month Day Year December 10 1960			
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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 Feb 8, 1912	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto parts manager	10b. KIND OF BUSINESS OR INDUSTRY Automotive	11. BIRTHPLACE (City and state or country) Odessa, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Mart Murry	13b. MOTHER'S MAIDEN NAME Marta E. Willey	14. NAME OF HUSBAND OR WIFE Ruby Murry
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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. 499-16-0448	17. INFORMANT Richard Murry, Odessa, 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) Basal Skull Fracture	INTERVAL BETWEEN ONSET AND DEATH immediate
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)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Motor Car Collision
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20c. TIME OF INJURY Hour m. p.m. 5:20 Month, Day, Year 12-10-60	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) USA # West Odessa, Mo	20f. CITY, TOWN, OR LOCATION Odessa Lafayette Mo	COUNTY	STATE
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21. I attended the deceased from Death occurred at 5:20 p.m. on 12-10-60 and last saw him alive on recently
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22a. SIGNATURE (Degree or title) M M Estum Coronary	22b. ADDRESS Odessa, Missouri	22c. DATE SIGNED 12-11-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 12-13-60	23c. NAME OF CEMETERY OR CREMATORY Greenton Cemetery	23d. LOCATION (City, town, or county) (State) Odessa, Lafayette, Mo.
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24. FUNERAL DIRECTOR Ralph O. Jones, Odessa, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-11-60	26. REGISTRAR'S SIGNATURE Emma Davidson
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 17 1961

MAR 28 1961

JUL 23 1961

APR 20 1961

JUL 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Jones

Licensed Embalmer No. 4604

P. O. Address Odessa,

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