

FILED OCT 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29657

BIRTH NO. _____		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>71</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>407 N. Galletin</u>				d. STREET ADDRESS (If rural, give location) <u>407 N. Galletin</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gilbert</u> b. (Middle) _____ c. (Last) <u>Murray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26-49</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct 2-1881</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Steel Work</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. COUNTRY OF WHAT COUNTRY? <u>US.</u>	
13a. FATHER'S NAME <u>Anthony Murray</u>		13b. MOTHER'S MAIDEN NAME <u>Roxey Waller</u>		14. NAME OF HUSBAND OR WIFE <u>Georgia</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Waller</u> ADDRESS <u>N.K.C. Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/20/1</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Aug 20, 1949</u> to <u>Sept 26, 1949</u> that I last saw the deceased alive on <u>Sept 25, 1949</u> , and that death occurred at <u>5:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. G. Garrison MD</u>				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>(SEP) 27/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fontaine Waller</u>		24d. LOCATION (City, town, or county) (State) <u>Liberty Co. Mo</u>		
DATE REC'D BY LOCAL REG. <u>SEPT-27-1949</u>		REGISTRAR'S SIGNATURE <u>Missie Hayes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Crocker Co.</u>		ADDRESS <u>Liberty Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED ^{OCT 3}
District Health Officer No. 8,
District File Number _____
Date Filed 10-3-49

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
Student Embalmer

Signed John Lombard

Licensed Embalmer No. 4448

P. O. Address Liberty 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 this body is not embalmed, fact should be so stated above.