

FILED OCT 24 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

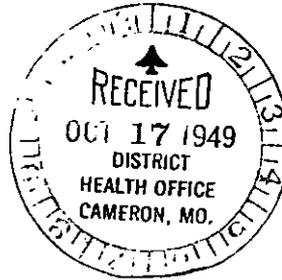
State File No. 34319

BIRTH NO. _____		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 226	
1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LINN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BROOKFIELD		c. LENGTH OF STAY (in this place) 14 mos		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LA PLATA		2 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION BROOKFIELD HOSPITAL				d. STREET ADDRESS (If rural, give location) /			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) M.		c. (Last) MURRAY		4. DATE OF DEATH (Month) (Day) (Year) OCT. 9, 1949	
5. SEX M O		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 2		8. DATE OF BIRTH AUG. 13, 1872	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER - RET.		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MACON CO., MO. 0		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN MURRAY		13b. MOTHER'S MAIDEN NAME ANNA DUNAHEIM		14. NAME OF HUSBAND OR WIFE LILLIAN SUYDAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS PERCY M. MURRAY, MODERLY, MO.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis acute ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days 10 yrs 10 yrs 4221	
19a. DATE OF OPERATION V		19b. MAJOR FINDINGS OF OPERATION no surgery				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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 1947, to Oct 9, 1949, that I last saw the deceased alive on Oct 8, 1949, and that death occurred at 2 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. B. Simpson 2 D.O.				23b. ADDRESS Brookfield, Mo		23c. DATE SIGNED 10/9/49	
24a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		24b. DATE OCT. 11, 1949		24c. NAME OF CEMETERY OR CREMATORY STRONGHURST		24d. LOCATION (City, town, or county) (State) STRONGHURST, ILLINOIS	
DATE REC'D BY LOCAL REG. 10-10-49		REGISTRAR'S SIGNATURE H. B. Brown 167		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WRIGHT FUNERAL HOME, BROOKFIELD, MO.			

(Licensed Embalmer's Statement on Reverse Side)

MO.

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



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.

Signed Narsed B. Wright

Signed.....
Student Embalmer

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.