

FILED DEC 22 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 12019

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 2
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>5945</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>P Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution residence before (inclusion). a. STATE <u>MO</u> b. COUNTY <u>P Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russell n Dillion</u>		c. LENGTH OF STAY (in this place) <u>2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Russell Dillion township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles north of St James</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clayton</u> b. (Middle) <u>Murray</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-49</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 15-1872</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>15</u>		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY <u>US</u>		13a. FATHER'S NAME <u>Rechees Murray</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Seneale</u>		14. NAME OF HUSBAND OR WIFE <u>Dont Kruss</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ferndale nursing Home St James 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> (b) <u>Anemia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 5 years</u> <u>3 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>c</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>October 15, 1949</u> , to <u>Nov. 30, 1949</u> , that I last saw the deceased alive on <u>Nov. 29, 1949</u> , and that death occurred at <u>9:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. J. Hammler, M.D.</u>				23b. ADDRESS <u>St. James, Mo.</u>		23c. DATE SIGNED <u>Dec. 1, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Colwell</u>		24d. LOCATION (City, town, or county) (State) <u>Colwell MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec 16, 49</u>		REGISTRAR'S SIGNATURE <u>Cora C. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lickliter</u>		ADDRESS <u>Ferndale Home St James MO</u>	

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed Dec. 19, 1949

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.

Signed _____
Student Embalmer

Signed

Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address St. James, 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.