

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4406

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 9

C330

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (in this place) 10 yrs		d. STREET ADDRESS (If rural, give location) Near Cedar Grove, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print)	a. (First) Jasper	b. (Middle) Monroe	c. (Last) Murray	4. DATE OF DEATH (Month) (Day) (Year) Feb 4 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5/2/1863	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Dent Co Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Marion Murray	13b. MOTHER'S MAIDEN NAME Elmira Wofford	14. NAME OF HUSBAND OR WIFE No record
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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. --	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dee Murray, Cedar Grove, Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy		INTERVAL BETWEEN ONSET AND DEATH
	Arteriosclerosis and Essential Hypertension		
	Senility		
2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		334X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 1, 1950, to Feb. 4, 1950, that I last saw the deceased alive on Feb. 4, 1950, and that death occurred at 1:05 pm., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Joseph P. Bennett, D.D.	23b. ADDRESS Salem Mo	23c. DATE SIGNED 2-6-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/7/50	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) Dent Co. Missouri
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DATE REC'D BY LOCAL REG. 2-11-50	REGISTRAR'S SIGNATURE M.M. Host, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cal R. Spencer, Salem, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED 2/14/50
District Health Officer No. 5,
District File Number 250110
Date Filed 2/17/50

SEP 8 1961

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 Wm. W. McDonald

Licensed Embalmer No. 3806

P. O. Address Salem, 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.