

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0867

FILED MAR 20 1950

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 33

1. PLACE OF DEATH
 a. COUNTY Phelps
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla
 c. LENGTH OF STAY (in this place) 2 mont
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McFarland Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri
 b. COUNTY Phelps
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla
 d. STREET ADDRESS (If rural, give location) 402 Main St.

3. NAME OF DECEASED
 a. (First) William b. (Middle) Franklin c. (Last) Murray
 4. DATE OF DEATH (Month) March (Day) 6 (Year) 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
 8. DATE OF BIRTH April 1, 1955 9. AGE (In years last birthday) 94 IF UNDER 1 YEAR Months 11 Days 6 IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (State or foreign country) Ohio
 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Murray 13b. MOTHER'S MAIDEN NAME Elizabeth Smith 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (Yes, no, or unknown) (If yes, give war or dates of service) Unknown
 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral regurgitation
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old Age
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. REMOVAL (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec. 26, 1949 to March 6, 1950, that I last saw the deceased alive on March 6, 1950, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE William McFarland (Degree or title) _____ 23b. ADDRESS Rolla Mo 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE March 8, 1950 24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery 24d. LOCATION (City, town, or county) (State) Rolla, Mo.

DATE REG'D BY LOCAL REG. 3-8-50 REGISTRAR'S SIGNATURE Nadine L. Stoll 38025. FUNERAL DIRECTOR'S SIGNATURE Paul E. Null ADDRESS Rolla, Mo.

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

0812

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 3-14-50

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.