

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15718

State File No.

30

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

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6274 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>North</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North mo Rural 1st</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph Mo 0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of Charlie Danner</u>		d. STREET ADDRESS (If rural, give location) <u>1403 Sylvan St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rex</u> b. (Middle) <u>Everett</u> c. (Last) <u>Murdock</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1950</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 29 1889</u>
9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR (Days) (Hours) (Min.) <u>8 23 4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salesman</u>	
11. BIRTHPLACE (State or foreign country) <u>Nodaway County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Milton Murdock</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Ashford</u>	
14. NAME OF HUSBAND OR WIFE <u>Maudie Murdock</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Murdock</u> ADDRESS <u>St Joseph</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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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>4201</u>	
18. CAUSE OF DEATH (continued) Interval between onset and death <u>1 day</u>		20. AUTOPSY? YES ☐ NO ☒	
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) (Min.) _____	
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 <u>April 22 1950</u> , to <u>April 27 1950</u> , that I last saw the deceased alive on <u>April 27 1950</u> , and that death occurred at <u>7:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles N. Williamson D.D.</u>		23b. ADDRESS <u>Country Mo</u>	
23c. DATE SIGNED <u>April 24-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 26 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Darrell Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Darrell Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Andrews</u> ADDRESS <u>Grant City Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 25 1950</u>		REGISTRAR'S SIGNATURE <u>Leta E. Dawson</u>	

(Licensed Embalmer's Statement on Reverse Side)

VS APR 10 1959

APR 21 1959



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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 4211

P. O. Address Grant City 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.