

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH30752
State File No. 3026 Registrar's No. 353

484

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 353

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give town) Independence		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Independence 1484		
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 29th & Santa Fe Rd.		d. STREET ADDRESS (If rural, give location) 29th & Santa Fe Rd. 0				
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) A c. (Last) Murry			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1950			
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH Oct. 27, 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) Wellington, Mo. 0		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Lum Murry		13b. MOTHER'S MAIDEN NAME Jennie Barker		
14. NAME OF HUSBAND OR WIFE Mrs. Ada Murry		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. none		
17. INFORMANT'S SIGNATURE OR NAME James C. Murry, 115 Tennessee, K.C., Mo.		18. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Heart Disease</u> 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>Cerebrovascular accident (stroke)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Year</u> <u>443X</u> <u>2 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				
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) (Min.)		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 Aug 19, 1949, to Sept 5, 1950 that I last saw the deceased alive on Sept 3, 1950, and that death occurred at 11:00A m., from the causes and on the date stated above.						
23a. SIGNATURE W. H. Hudson		23b. ADDRESS 1001 Bank Bldg Independence, Mo.		23c. DATE SIGNED 9/5/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE Sept. 7, 1950		24c. NAME OF CEMETERY OR CREMATORY Green-ton Cemetery		
24d. LOCATION (City, town, or county) (State) Near Odessa, Mo.		DATE REC'D BY LOCAL REG. Sept 6, 1950		REGISTRAR'S SIGNATURE 354 E. C. Carson		
25. FUNERAL DIRECTOR'S SIGNATURE E. C. Carson		ADDRESS Independence, Mo.				

SEP 18 RECD

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

John M. Heisman

Licensed Embalmer No. *4704*

P. O. Address

Independence, 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.