No. 300
10.48

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39631

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 111

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

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wash Township - Nevada Mo
c. LENGTH OF STAY (In this place): 5 mo. 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hosp 3 Nevada Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seneca
d. STREET ADDRESS (If rural, give location): unknown

0730
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3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): FRANK-CONNOR - MURDOCK

4. DATE OF DEATH (Month) (Day) (Year): Nov 14, 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 13, 1880
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 11, Days 1 — IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): f. Postmaster
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Seneca Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Matthew C. Murdock
13b. MOTHER'S MAIDEN NAME: Rhoda Featherstun
14. NAME OF HUSBAND OR WIFE: Emma L. Murdock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Records State Hosp 3 — ADDRESS: Nevada Mo

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): Arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerotic Gangrene right foot

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
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* May 19, 1950, *to* Nov 14, 1950, *that I last saw the deceased alive on* Nov 14, 1950 *and that death occurred at* 7:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul L. Barone, M.D.
23b. ADDRESS: State Hospital 3 Nevada Mo
23c. DATE SIGNED: Nov 14/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 4
24b. DATE: 11-14-50
24c. NAME OF CEMETERY OR CREMATORY: Seneca Cemetery
24d. LOCATION (City, town, or county) (State): Seneca, Mo

DATE REC'D BY LOCAL REG.: Nov. 21-50
REGISTRAR'S SIGNATURE: Kathryn H. Yaneup 331
25. FUNERAL DIRECTOR'S SIGNATURE: Biddlecome Funeral Hom. — ADDRESS: Seneca, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED NOV 20 1950
Dist. File 1250-2378
Date Filed 12-5-50
FEB 6 1951

FEB 7 1951

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada 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.