

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1807

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3642 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fredericktown	
c. LENGTH OF STAY (In this place) 44 yrs		8621	
d. FULL NAME OF HOSPITAL OR INSTITUTION 512 EAST College		d. STREET ADDRESS (If rural, give location) 512 EAST College	

3. NAME OF DECEASED (Type or Print) LETTIE SYRLDIA MURRAY			4. DATE OF DEATH (Month) (Day) (Year) JAN. 18, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH OCT. 18, 1906		9. AGE (In years last birthday) 44
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS/OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME DANIEL HUFFMAN		13b. MOTHER'S MAIDEN NAME AMANDA DORRIS		14. NAME OF HUSBAND OR WIFE William F. MURRAY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489-26-4966		17. INFORMANT'S SIGNATURE OR NAME William F. Murray, Fredericktown, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY HEART Trouble		II. OTHER SIGNIFICANT CONDITIONS			4201
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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.			

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) Fredericktown Madison, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sam Hajim, Jr. Coroner Madison Co., Mo.		23b. ADDRESS Fredericktown, Mo.		23c. DATE SIGNED 1-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-21-51		24c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park	
24d. LOCATION (City, town, or county) (State) Madison County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Sam Hajim, Jr., Fredericktown, Mo.			
DATE REC'D BY LOCAL REG. 1-20-51		REGISTRAR'S SIGNATURE Florence Hicks 187		ADDRESS _____	

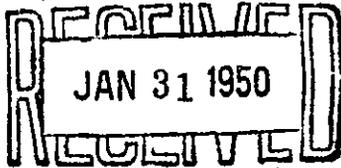
(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

0621

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 127-6

1951
Feb 7

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 William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown, 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.