No. 300
10-48

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FILED MAY 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11890

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El-Dorado Spgs
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): El-Dorado Springs 0201
d. STREET ADDRESS (If rural, give location): 700 S. Grand Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): DEWITT
b. (Middle): C.
c. (Last): MURRAY

4. DATE OF DEATH (Month) (Day) (Year): April 30/1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 17, 1867
9. AGE (In years last birthday): 83 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Beaver Grove, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles A. Murray
13b. MOTHER'S MAIDEN NAME: Sarah Dunlap
14. NAME OF HUSBAND OR WIFE: Veronica Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Amy Murray, 700 S. Grand Ave. Springs
ADDRESS: El Dorado 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): Nose Bleed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Nephritis
DUE TO (c): F. Interstitial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Nature

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 592X
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) 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* June, 1945, *to* Apr 30 1951, *that I last saw the deceased alive on* April 30 1951, *and that death occurred at* 11:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. T. Drumaway M.D.
23b. ADDRESS: El Dorado Springs Mo
23c. DATE SIGNED: 5/2/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/2/51
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove
24d. LOCATION (City, town, or county) (State): St. Clair Co., Mo.

DATE REC'D BY LOCAL REG.: May 2, 1951
REGISTRAR'S SIGNATURE: George W. Nafus 418
25. FUNERAL DIRECTOR'S SIGNATURE: Nafus Funeral Home
ADDRESS: El Dorado Spgs Mo

May 3, 1951 L. K. Smith

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED MAY 8 1951
Dist. File 551-9127
Date Filed 5-9-51

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 Embalmer No.....

Signed George W. Mafus

Signed.....
Student Embalmer

Licensed Embalmer No. 2252

P. O. Address El Dorado Springs 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.