

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32403

FILED OCT 2 1951

State File No. 6286
6285

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. _____ Registrar's No. 45

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY WRIGHT | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WRIGHT | |
| b. CITY OR TOWN RURAL WOOD TWP c. LENGTH OF STAY (In this place) 75 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL WOOD TWP | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. I | | d. STREET ADDRESS (If rural, give location) R.F.D. I | |

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|---|---------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) WM b. (Middle) DAVID c. (Last) McMURTREY | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 6 1951 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 1/10/73 | 9. AGE (In years last birthday) 78 | UNDER 1 YEAR: Months 11 Days 5 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER | | 10b. KIND OF BUSINESS OR INDUSTRY FARMER | | 11. BIRTHPLACE (State or foreign country) ARKANSAS | |
| 10c. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME MONROE McMURTRY | | 13b. MOTHER'S MAIDEN NAME MARTHA MILAM | | 14. NAME OF HUSBAND OR WIFE VICTORA WILLIAMS | |
| 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 Victoria Williams ADDRESS Mountain Pine 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion | | INTERVAL BETWEEN ONSET AND DEATH Sept 5 1951 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension | | |
| | 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) 4201 | |
| 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 **Mar 30 1951**, to **Sept 6 1951**, that I last saw the deceased alive on **6 Sept 1951**, and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

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|---|--|--|--|---|--|
| 23a. SIGNATURE [Signature] (Degree or title) M.D. | | 23b. ADDRESS Mountain Pine Mo. | | 23c. DATE SIGNED Sept 11 1951 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 9/8/51 | | 24c. NAME OF CEMETERY OR CREMATORY Hillcrest | |
| 24d. LOCATION (City, town, or county) (State) Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address] | | | |
| DATE REC'D BY LOCAL REG. 9-18-51 | | REGISTRAR'S SIGNATURE A.B. Jones | | 348 | |

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

WRIGHT CO. HEALTH DEPT.
County File Number 95-194
Date Filed Aug 12 1957

OCT 9 1957

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 *W. R. Barber*

Licensed Embalmer No. 3848

P. O. Address *Wm. Lane 2*

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.