

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42633**

FILED JAN 11 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450** Registrar's No. **249**

1. PLACE OF DEATH a. COUNTY <b>RIPLEY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>RIPLEY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DONIPHAN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>DONIPHAN</b>	
c. LENGTH OF STAY (in this place)		09/10	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>W. JEFFERSON St</b>		d. STREET ADDRESS (If rural, give location) <b>W. JEFFERSON St</b>	

3. NAME OF DECEASED a. (First) <b>LARRY</b> b. (Middle) <b>DEAN</b> c. (Last) <b>MURRAY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11 5 1951</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>11</b>	8. DATE OF BIRTH <b>10/16/57</b>		9. AGE (In years last birthday) <b>20</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mo. 0</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>						

13a. FATHER'S NAME <b>Norman Murray</b>		13b. MOTHER'S MAIDEN NAME <b>Stella Mae Robbins</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Norman Murray</b> ADDRESS <b>Doniphan Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>	
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.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>7630</b>	
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 **11-5-51**, 19**51**, to **11-5-51**, 19**51**, that I last saw the deceased alive on **11-5-51**, 19**51**, and that death occurred at **3 1/2** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Chasford W. Fontana</b> (Degree or title)		23b. ADDRESS <b>Doniphan Mo.</b>		23c. DATE SIGNED <b>12-10-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (11)</b>		24b. DATE <b>11/6/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>	
24d. LOCATION (City, town, or county) (State) <b>Ripley County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. H. Edwards</b> ADDRESS <b>Doniphan Mo.</b>		DATE REC'D BY LOCAL REG. <b>12-10-51</b>	
REGISTRAR'S SIGNATURE <b>W. J. Johnston</b> 277					

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

Was Not Embalmed

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.....

*George Kerby*

Licensed Embalmer No. ....

*4752*

P. O. Address.....

*Joseph M. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.