

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42678**

FILED DEC 19 1951

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 396

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Flat River</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Flat River</b>	
c. LENGTH OF STAY (in this place) <b>50 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>15 Stone Street</b>		d. STREET ADDRESS (If rural, give location) <b>15 Stone Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Owen</b> b. (Middle) <b>Eugene</b> c. (Last) <b>Murry</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3, 1951</b>		
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5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Feb. 28, 1873</b>		9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>5</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired R. R. Engineer-St. Joe Lead.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>St. Francois Co. Mo.</b>				11. BIRTHPLACE (State or foreign country) <b>U. S.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			
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13a. FATHER'S NAME <b>Owen Murry</b>				13b. MOTHER'S MAIDEN NAME <b>Margaret Whalen</b>				14. NAME OF HUSBAND OR WIFE <b>Martha Murry</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>				17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Mamie Rinke Flat River, Mo.</b>			
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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) <b>Arterio sclerotic Heart disease</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio sclerosis</b> DUE TO (c) <b></b>									
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <b>4200</b>								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from Dec 2, 1951, to Dec 3, 1951, that I last saw the deceased alive on Dec 3, 1951, and that death occurred at 1:00pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C H Appleberry MD</b>				23b. ADDRESS <b>Flat River MO</b>				23c. DATE SIGNED <b>12-7-51</b>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12/6/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>French Village</b>				24d. LOCATION (City, town, or county) (State) <b>St. Francois Co., Mo.</b>			
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DATE REC'D BY LOCAL REG. <b>Dec. 7, 1951</b>				REGISTRAR'S SIGNATURE <b>Esther Padgett</b>				25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>C. Z. BOYER &amp; SON DESLOGE, MO.</b>			
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 306  
10. 48  
2942

RECEIVED  
DEC 17 1951  
DISTRICT HEALTH OFFICE No. 4  
File No.

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 B. T. Doyen

Licensed Embalmer No. 3660

P. O. Address Heston, 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.