

5. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15715  
State File No.  
Registrar's No. 260

FILED JUN 13 1952

BIRTH NO.		REG. DIST. NO. 43	PRIMARY REG. DIST. NO. 3007	Registrar's No. 260	
1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo. b. COUNTY Ripley		
b. CITY (If outside corporate limits, write RURAL and give town or township) poplar Bluff		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Naylor 0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff			d. STREET ADDRESS (If rural, give location) none		
3. NAME OF DECEASED (Type or Print) George William McMurtry		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 22, 1952
5. SEX male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Mar. 21, 1871	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Naylor, Mo.	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME George McMurtry		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Laura McMurtry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur McMurtry Naylor, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i> ANTECEDENT CAUSES <i>Prostatic Hypertrophy</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Death Acute Urinary Retention</i> DUE TO II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>  <i>?</i>
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <i>27 May, 1952</i> , to <i>27 May, 1952</i> that I last saw the deceased alive on <i>22 May, 1952</i> , and that death occurred at <i>11 A.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>W.D. Johnson M.D.</i>			23b. ADDRESS <i>321 Oak Poplar Bluff Mo.</i>		23c. DATE SIGNED <i>28 May 52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>May 25, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Gum</i>		24d. LOCATION (City, town, or county) (State) <i>Ripley, Mo.</i>
DATE REC'D BY LOCAL REG. <i>June 3 1952</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i> 429		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Gish Funeral Home Naylor, Mo.</i>	

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

1124  
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RECEIVED  
JUN 10 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 652-290

JUN 11 1952

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 \_\_\_\_\_

Licensed Embalmer No. 4079

P. O. Address Wayton 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.