

S. No. 300
V. 10-48

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19976

State File No.

033

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent 0331</u>	
b. CITY OR TOWN <u>Salem</u>	c. LENGTH OF STAY (in this place) <u>3yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem Mo.</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XX</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dolph</u> b. (Middle) <u>B</u> c. (Last) <u>McMurtrey</u>	4. DATE OF DEATH 6 (Month) 9 (Day) 52 (Year)
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 22-1884</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>railroad</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bra koman</u>	11. BIRTHPLACE (State or foreign country) <u>Dent Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>0</u>
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13a. FATHER'S NAME <u>A.T. McMurtrey</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet Boughton</u>	14. NAME OF HUSBAND OR WIFE <u>Nan Monegan McMurtrey</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME; ADDRESS <u>Nan McMurtrey Salem Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis (cerebral)</u>		?
	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. <u>334X</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-7-52, 19, to 6-7-52, 19, that I last saw the deceased alive on 6-7-52, 19, and that death occurred at 11:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>M Hart</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>Salem, Mo.</u>	23c. DATE SIGNED <u>6-12-52</u>
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24a. BURIAL, CREMATION (Specify) <u>Burial</u>	24b. DATE <u>6-11 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cedargrove</u>	24d. LOCATION (City, town, or county) (State) <u>Salem Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-12-52</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by me</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl K. Spencer</u> ADDRESS <u>Salem Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2007 92 1103

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 Donald J. Jensen

Licensed Embalmer No. 2320

P. O. Address Bellevue, 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.