

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 261

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u> <u>0941</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u> <u>0941</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>324 JACKSON ST.</u>		d. STREET ADDRESS (If rural, give location) <u>324 JACKSON ST.</u>	

3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print) <u>WILLIAM LINLEY MURRAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 12. 1952</u>		
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>MARCH 29. 1874</u>	9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR <u>4</u> # UNDER 10 HRS. <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) <u>PERRY Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOSEPH MURRAY</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH BELCHEE</u>	14. NAME OF HUSBAND OR WIFE <u>GUSSIE MURRAY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS RAY BESS</u> ADDRESS <u>BONNE TERRE Mo.</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Benign prostatic hypertrophy</u> DUE TO (c) <u>5 yrs</u>		
II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>610X</u>	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)	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 Aug 6, 1952 to Aug 12, 1952, that I last saw the deceased alive on Aug 12, 1952 and that death occurred at 12 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George L. Winters M.D. O</u>	23b. ADDRESS <u>Farmington Mo.</u>	23c. DATE SIGNED <u>8-14-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG. 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pigg CEMETERY</u>
DATE REC'D BY LOCAL REG. <u>Aug 14, 1952</u>	REGISTRAR'S SIGNATURE <u>Ether Qualif</u>	24d. LOCATION (City, town, or county) (State) <u>PI BONNETERRE Mo</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bensham Phillips</u> ADDRESS <u>Conaco, Tenn Mo</u>		

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

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

*Glenn J. Raywell*

Licensed Embalmer No. *3706*

P. O. Address

*South Blue 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.