S. No. 300
V. 10.48

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32428

BIRTH NO. _____ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 6292 Registrar's No. 6

0770

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

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammond, R, Thornfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ozark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hammond, Rural, Thornfield
d. STREET ADDRESS (If rural, give location): 0770

3. NAME OF DECEASED (Type or Print)
a. (First): Brownlow
b. (Middle):
c. (Last): Murril

4. DATE OF DEATH (Month) (Day) (Year): 9-14-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-6-84
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): 9
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: William Murrill
13b. MOTHER'S MAIDEN NAME: Pinie Hopkins
14. NAME OF HUSBAND OR WIFE: Birdie ~~B~~ Murrill

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 / ADDRESS: Armed Murrill Tal. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) — Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Interstitial Nephritis — 6 wk
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: 594X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-8-52, 19__, *to* 9-14, 1952, *that I last saw the deceased alive on* 9-11, 1952 *and that death occurred at* 4:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M J Hoerman DO
23b. ADDRESS: Gainesville, Mo
23c. DATE SIGNED: 9-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-16-52
24c. NAME OF CEMETERY OR CREMATORY: Thornfield
24d. LOCATION (City, town, or county) (State): Thornfield, Missouri

DATE REC'D BY LOCAL REG.: 10-9-52
REGISTRAR'S SIGNATURE: Mae Johnson 243.1
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.