No. 300
10-48

FILED NOV 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39524

BIRTH NO. _____ REG. DIST. NO. 218 ~~5784~~ PRIMARY REG. DIST. NO. 5784 Registrar's No. ~~47~~ 49

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

1. PLACE OF DEATH
a. COUNTY: Missippi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural James Bayou Hosp.
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: Carter
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hunter, Missouri. 015
d. STREET ADDRESS (If rural, give location): Hunter Missouri.

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Anderson
c. (Last): Murray

4. DATE OF DEATH (Month) (Day) (Year): October 19, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6th. July 1904
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months 3, Days 13 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Robert A. Murray
13b. MOTHER'S MAIDEN NAME: Bertha J. Baistain
14. NAME OF HUSBAND OR WIFE: Pauline Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: 490 14 4712
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Pauline Murray — ADDRESS: Hunter, 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): Gunshot Wound from 22 calibre rifle, entering upper left lip under nose, penetrating brain. — INTERVAL BETWEEN ONSET AND DEATH: immediate

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.* E981X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): near farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Dorena Mississippi Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-19-1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Homicide

22. *I hereby certify that I attended the deceased from* AS CORONER ONLY, *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John T. Dunnelle Jr. Coroner
23b. ADDRESS approximately: Charleston, Mo.
23c. DATE SIGNED: 10-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burail
24b. DATE: 10/21/52
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetary
24d. LOCATION (City, town, or county) (State): Charleston Mississippi, Mo

DATE REC'D BY LOCAL REG.: 11-18-52
REGISTRAR'S SIGNATURE: Gertrude G. Harper 1970
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Mc Mikle Funeral Home E. P. Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 20 REC'D

RECEIVED
Miss. Co. Health De
County File No.
Date Filed NOV 21 19

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 [illegible]
Licensed Embalmer No. 4695
P. O. Address E. Prairie, 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.