

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16802

State File No. ....

FILED APR 22 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6166 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pierce</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pierce</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Cane - R-1 1040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harlan</u> b. (Middle) <u>Daniel</u> c. (Last) <u>Murray</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8-1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Dec-3-1931</u>	9. AGE (In years if under 1 year last birthday) <u>21</u>	IF UNDER 1 YEAR: Months _____ Days _____
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 <u>General</u>		11. BIRTH PLACE (State or foreign country) <u>Stone Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Rural Murray</u>	13b. MOTHER'S MAIDEN NAME <u>Effie Leauge</u>	14. NAME OF HUSBAND OR WIFE <u>never married</u>
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>no.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Rural Murray</u> ADDRESS <u>Cane 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>at once</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tractor fell across his chest &amp; abdomen</u> DUE TO (c) <u>chest &amp; abdomen</u>		
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>104</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on road</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Pierce Stone Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 8-1953-3:45</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor turned over on him</u>
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22. I hereby certify that I attended the deceased from April 8, 1953, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased live on Apr. 8, 1953, and that death occurred at 3:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Albers acting coroner</u>	23b. ADDRESS <u>Halena Mo.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Apr. 10-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cane Memorial Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cane Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 10-53</u>	REGISTRAR'S SIGNATURE <u>Mrs. J. Elmer Briscoe</u>	317-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Everett G. Cheatham</u> ADDRESS <u>Halena Mo.</u>
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see Gene Murray (Licensed Embalmer's Statement on Reverse Side)

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

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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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*Everett J. Cheatham*

Licensed Embalmer No. 3870

P. O. Address Salina 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.