

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19897**

FILED JUL 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **2927** Registrar's No. **248**

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Greenridge</b> )		c. CITY OR TOWN <b>Greenridge</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>Rural</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Hw'y B-3mi. W.Greenridge</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>HAROLD</b>	b. (Middle) <b>LOUIS</b>	c. (Last) <b>MURRAY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 5, 1954</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 30, 1911</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>M/Sgt USAF</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Tacoma, Washington</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John L. Murray</b>	13b. MOTHER'S MAIDEN NAME <b>America Loven</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Orletta Murray</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 1942-1954</b>	16. SOCIAL SECURITY NO. <b>533-03-5258</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Orletta Murray</b>	ADDRESS <b>Sedalia, Mo</b>
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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, asthma, 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) <b>Rupture of the heart, and bilateral pneumothorax.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Direct trauma from steering wheel and post of auto after front tire blew out.</b> DUE TO (c) <b>Numerous abrasions &amp; lacerations.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hi-Way B, 3 miles west of Greenridge, Pettis, Mo.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) / (STATE) <b>3 / Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 5, 1954 2:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car went out of control after front tire blew out.</b>
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22. I hereby certify that I **viewed the body of the deceased, as Deputy Coroner of Pettis County, at 8:30 p.m.**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.M. Rodeman M.D. Deputy Coroner Pettis Co.</b>	23b. ADDRESS <b>219 1/2 S. Ohio, Sedalia, Mo.</b>	23c. DATE SIGNED <b>7-6-54.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>July 8, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Arlington, Virginia</b>
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DATE REC'D BY LOCAL REG. <b>7-10-54</b>	REGISTRAR'S SIGNATURE <b>Lavina Coontz Deputy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>251-11</b>	ADDRESS <b>Sedalia, Mo</b>
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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 ..... Student Embalmer No. .... working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed ..... *[Handwritten Signature]*

Licensed Embalmer No. 347

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.