

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

FILED OCT 19 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> v. b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Waynesville, Mo</u>		c. CITY OR TOWN <u>Waynesville, Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>Box 194</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Marion</u>	b. (Middle) <u>Cletus</u>	c. (Last) <u>Murray</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10/9/55</u>
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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>July 7, 1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Salem, Mo Dent County</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Murray</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Mertie Melvina Murray</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Myrtle Melvina Murray Waynesville,</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra gastric tumor of Neoplasm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u>		
	DUE TO (c) <u>None</u> <u>1999</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None known</u>			

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-1-55 to 10-9-55, that I last saw the deceased alive on 10-8, 1955, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R E Mueser M.D.</u>	23b. ADDRESS <u>Waynesville, Mo</u>	23c. DATE SIGNED <u>Oct 12 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10/12/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waynesville Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Waynesville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-12-55</u>	REGISTRAR'S SIGNATURE <u>Clara P. Anderson</u> <u>458</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hedges Funeral Home Waynesville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 10-15-55
File Number

Pulaski County Health Officer

RECEIVED 10-12-55

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 Clarence J. Moore

Licensed Embalmer No. 48

P. O. Address Waynes

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.