

FILED DEC 5 1955

## STANDARD CERTIFICATE OF DEATH

37626

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4370 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Clearmont</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>	c. CITY OR TOWN <u>Skidmore</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallin Nursing Home</u>			f. STREET ADDRESS (If rural, give location) <u>0710</u>		
3. NAME OF DECEASED (Type or Print) <u>Frank</u>		a. (First)	b. (Middle) <u>Murray</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>11-25-1955</u>
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>7-15-1872</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home-own</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Skidmore, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Murray</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Ella Murray</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lee Murphy-Skidmore, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>generalized arteriosclerosis and cerebral vascular disease</u>	ANTECEDENT CAUSES				<u>3 wks.</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Morbidity 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. <u>Senility</u>				<u>331X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-21-1955</u> , to <u>11-16-1955</u> , that I last saw the deceased alive on <u>11-16-1955</u> , and that death occurred at <u>11:30 A. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. J. Johnson M.D.</u> (Degree or title)			23b. ADDRESS <u>Mainville Mo.</u>		23c. DATE SIGNED <u>11/26/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-27-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Burr Oak Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Skidmore Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-3-55</u>	REGISTRAR'S SIGNATURE <u>Boas 10/22/55</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>W. J. Johnson</u>		ADDRESS <u>Mainville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48  
40  
H

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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.....  
*G. M. Atchison*

Licensed Embalmer No.....*2*

P. O. Address.....*Maryville*

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.