

FILED OCT 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34594

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY Knox
b. CITY OR TOWN Edina
c. LENGTH OF STAY (in this place) 2 1/2 MO
c. CITY OR TOWN Edina.
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence
e. STREET ADDRESS (If rural, give location) _____
d. Is Residence within limits of a city or incorporated town? Yes No

3. NAME OF DECEASED
a. (First) CARL b. (Middle) MARTIN c. (Last) MURRAY
4. DATE OF DEATH 10 Oct. 1956

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 18, 1887 9. AGE (In years, last birthday) 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and State or Foreign Country) Knox County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Murray 13b. MOTHER'S MAIDEN NAME Sarah Arment 14. NAME OF HUSBAND OR WIFE Eva 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 498-40-1226 17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva Murray ADDRESS Edina, Mo.

18. CAUSE OF DEATH
Enter 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Emphysema of the lungs chr. hypost.
Hemiplegia right. (C.V.A.)
INTERVAL BETWEEN ONSET AND DEATH
5 yr.
10 yr.
15 yr.
4 mo.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4200
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec 12, 1955, to Oct. 10, 1956, that I last saw the deceased alive on Oct. 9, 1956, and that death occurred at 1:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE Francis Tarrylan M.D. (Degree or title) M.D. 23b. ADDRESS Edina, Missouri 23c. DATE SIGNED Oct. 15, 56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11 Oct. 56 24c. NAME OF CEMETERY OR CREMATORY Locust Hill cemetery 24d. LOCATION (City, town, or county) Locust Hill, Mo (State) _____

DATE REC'D BY LOCAL REG. Oct. 15. 56 REGISTRAR'S SIGNATURE Helle A. Humolt. 25. FUNERAL DIRECTOR'S SIGNATURE Edina, Mo ADDRESS _____

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

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 *Mrs J. W. Hudson*

Licensed Embalmer No. *297*

P. O. Address *Edina*

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.