THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38530
STATE FILE NUMBER

FILED DEC 5 - 1956

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsboro — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Cedar Grove Nursing Home — Length of stay in 1b 6 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St Francois
c. CITY OR TOWN Doe Run 0940 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Francis Last Murdock
4. DATE OF DEATH Month Nov Day 19 Year 1956

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☐ widowed ☐ DIVORCED ☐
8. DATE OF BIRTH July 2 1881
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months 4 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY farmer
11. BIRTHPLACE (City and state or country) Richwoods Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William J Murdick
14. MOTHER'S MAIDEN NAME ~~Hattie~~ Sarah Merseal

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 NO. no
17. INFORMANT Roscoe Murdick Address Rivermines Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 3 Yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov. 13, 1956 to Nov 19, 1956 and last saw ~~her~~ him alive on Nov. 18, 1956
Death occurred at 9:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John W Danke M.D. 0
22b. ADDRESS 3606 Gravois St. Louis Mo
22c. DATE SIGNED 11-20-56

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Nov 22 1956
23c. NAME OF CEMETERY OR CREMATORY Doe Run
23d. LOCATION (City, town, or county) (State) Doe Run Missouri

24. FUNERAL DIRECTOR Cozean ADDRESS Farmington Missouri
25. DATE RECD. BY LOCAL REG. 11-26-56
26. REGISTRAR'S SIGNATURE Carl E Price MD Oleta Girardieu Dep

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED
DEC 1 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed C H Cozean

Licensed Embalmer No. 4

P. O. Address Farmi

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.