

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

42571

FILED DEC 18 1956

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459 Registrar's No. X 3

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -- a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OSCEOLA</u>		c. CITY OR TOWN <u>OSCEOLA</u>	d. In 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>50 years</u>		e. STREET ADDRESS (If rural, give location) <u>0980</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSCEOLA, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>W</u> c. (Last) <u>MURRAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1956</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>NOV 6, 1864</u>	9. AGE (In years last birthday) <u>92</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STONE MASON</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory County Mo</u>	
13a. FATHER'S NAME <u>WILLIAM MURRAY</u>			13b. MOTHER'S MAIDEN NAME <u>ETTA POWELL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
14. NAME OF HUSBAND OR WIFE <u>Edith Murray</u>					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Murray, Osceola Mo</u> ADDRESS _____	
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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, asphemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 MINUTES</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>EMBOLISM</u> DUE TO (c) <u>MYOCARDIAL DECOMPENSATION</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>UNKNOWN</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 11-25, 1953, to 11-25, 1956, that I last saw the deceased alive on 11-25, 1959, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. L. Shipman, M.D.</u> (Degree or Title)	23b. ADDRESS _____	23c. DATE SIGNED _____
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>11-28-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>	24d. LOCATION (City, town, or county) (State) <u>Osceola Mo</u>
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DATE FILED BY LOCAL REG. <u>12-5-56</u>	REGISTRAR'S SIGNATURE <u>Ruth Seavers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. ...</u> ADDRESS <u>Osceola Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

288

REC'D  
1910 FEB 18

**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 *J.B. Goodrich*.....

Licensed Embalmer No. *3038*.....

P. O. Address *Essex, N.H.*.....

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.