Health, & Welfare Public Service

. 300
1-57

FILED JUL 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23715

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 434

1. PLACE OF DEATH
a. COUNTY Butler.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff. "B" St. Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Assembly of God Rest Home Unknown North "B" St. Length of stay in 1b 6 days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri. b. COUNTY Ripley.
c. CITY OR TOWN Doniphan, Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 206 Water Street. Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Addie Middle Last Murdock.

4. DATE OF DEATH Month June Day 20, Year 1957.

5. SEX Female.
6. COLOR OR RACE White.
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 15, 1882.
9. AGE (In years last birthday) 74. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework.
10b. KIND OF BUSINESS OR INDUSTRY Housewife.
11. BIRTHPLACE (City and state or country) Randolph County Arkansas.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME William Keller.
13b. MOTHER'S MAIDEN NAME Mary Hardwick.
14. NAME OF HUSBAND OR WIFE Robert K. Murdock.

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. None.
17. INFORMANT J. Hart. Address Doniphan 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) Cardiac Decompensation. INTERVAL BETWEEN ONSET AND DEATH 4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease. ?
DUE TO (c) And Angina Pectoris
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200

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 Aug 1954, to 20 June 57 and last saw her alive on 19 June 1957
Death occurred at 8 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. T. Brookerson, M.D.
22b. ADDRESS 321 Oak, Poplar Bluff Mo.
22c. DATE SIGNED 23 Jun 57.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.
23b. DATE June 22, 1957.
23c. NAME OF CEMETERY OR CREMATORY Plunk Cemetery.
23d. LOCATION (City, town, or county) (State) Ripley County, Missouri.

24. FUNERAL DIRECTOR Ray Means. ADDRESS Doniphan Mo.
25. DATE RECD. BY LOCAL REG. 7/10/57
26. REGISTRAR'S SIGNATURE R H Minette Bunner

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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RECEIVED
JUL 15 1957
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.