

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 2 - 1957

41594
STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 2407

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DONIPHAN</u>		c. CITY OR TOWN <u>DONIPHAN</u> ⁰⁹¹	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>COMMUNITY HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>206 WATER ST.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT KELLEY MURDOCK</u>		4. DATE OF DEATH Month Day Year <u>OCT. 7, 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 15, 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER & STOCKMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>RIPLEY Co. MISSOURI</u>
13a. FATHER'S NAME <u>WILLIAM H. MURDOCK</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY E. KELLEY</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Mrs ERMA McNABB-MOOREHOUSE, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>			<u>6 years</u>
DUE TO (c) <u>Generalized arteriosclerosis</u>			<u>6 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 <u>August 55</u> to <u>Oct 7, 1957</u> and last saw her alive on <u>Oct 7, 1957</u> . Death occurred at <u>4:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank Johnson M.D.</u>		22b. ADDRESS <u>Doniphan, Mo</u>	
		22c. DATE SIGNED <u>10/9/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Oct. 10, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>DONIPHAN, MISSOURI</u>	
24. FUNERAL DIRECTOR ADDRESS <u>EDWARDS FEDERAL HOME DONIPHAN, Mo. 11-13-1957</u>		25. DATE RECD. BY LOCAL REG. <u>11-13-1957</u>	
		26. REGISTRAR'S SIGNATURE <u>CR Johnston</u>	

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 *Gene Harrent*

Licensed Embalmer No. *4809*

P. O. Address *Naylor*

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.