

Health,
Welfare
Public
Service

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-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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

FILED FEB 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005153

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb 5 Yrs.	d. STREET ADDRESS (If outside, give location) 1919 Benton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First RICHARD Middle A. Last MURRAY			4. DATE OF DEATH Month Feb. Day 9, Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 22 May 1908	9. AGE (In years last birthday) 49	10. FUNDER 1 YEAR Months 4 Days 10 Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Employee		10b. KIND OF BUSINESS OR INDUSTRY Warehouse	11. BIRTHPLACE (City and state or country) Portland, Maine	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Fred Murray		13b. MOTHER'S MAIDEN NAME Beatrice Stewart	14. NAME OF HUSBAND OR WIFE Juanita Murray		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1-24-27/16-7-27		16. SOCIAL SECURITY NO. ?	17. INFORMANT Hospital Records Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Apoplexy DUE TO (b) Hypertensive Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART-I (a) 443X					INTERVAL BETWEEN ONSET AND DEATH
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 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 1955 to 2-9-58 and last saw ^{him} alive on 2/9/58 Death occurred at 9:45 p on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Dresser or title) Samuel D. Brown M.D.			22b. ADDRESS 311 1/2 College Springfield, Missouri		22c. DATE SIGNED 2/10/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-13-58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (Specify) Springfield, Mo.	
24. FUNERAL DIRECTOR J.W. Klingner Co		ADDRESS Spngfd. Mo.	25. DATE RECD. BY LOCAL REG. 2-12-58	26. REGISTRAR'S SIGNATURE Effie G. Melton	

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 *Mal Rhodes*

Licensed Embalmer No. *407*

P. O. Address *Springfield*

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.