

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006139

STATE FILE NUMBER

46

FILED FEB 25 1959

Registration District No. 157

Primary Registration District No. 5586

Registrar's No.

300
1-57 3

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP rural- Marion Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Tulsa 2350 8
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Carthage Rt 1		Length of stay in lb 30 min.	d. STREET ADDRESS (If outside, give location) 1128 S. Quaker
3. NAME OF DECEASED (Type or print) First Middle Last LAWRENCE LEONARD MURDOCK			4. DATE OF DEATH Month Day Year Feb. 14, 1959
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 Feb 4, 1901
9. AGE (In years at birthday) 58	FUNDER 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) aircraft worker		10b. KIND OF BUSINESS OR INDUSTRY aeronautics	11. BIRTHPLACE (City and state or country) Harrisville, Ohio
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Lewis Murdock		13b. MOTHER'S MAIDEN NAME Oella Watson	14. NAME OF HUSBAND OR WIFE Inez Walker Murdock
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 284-09-3644	17. INFORMANT Address Inez Murdock, Rte 2, Dillonvale, Ohio	
18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myriosis Multiple scheme			INTERVAL BETWEEN ONSET AND DEATH Less than 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) three patches			
DUE TO (c) back pain			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) passenger in auto that hit abutment of bridge		
20c. TIME OF INJURY Hour Month, Day, Year 9:12 p.m. 2-14-59			
20d. INJURY OCCURRED WHILE AT WORK <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.) highway # 71	20f. CITY, TOWN, OR LOCATION 1/2 mi. N. of Carthage	COUNTY STATE Jasper Mo
21. I attended the deceased from death on arrival and last saw ^{her} him alive on _____ Death occurred at 9:12 pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. W. Hurst (Degree or title) Coroner 3		22b. ADDRESS Joplin, Mo	22c. DATE SIGNED 2-15-59
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 2-15-59	23c. NAME OF CEMETERY OR CREMATORY Hicksite Cem.	23d. LOCATION (City, town, or county) (State) Dillonvale, Emerson, Ohio
24. FUNERAL DIRECTOR Knell Mortuary, Carthage, Mo		25. DATE RECD. BY LOCAL REG. 2-15-59	26. REGISTRAR'S SIGNATURE W. W. Hurst

MEDICAL CERTIFICATION

W. W. HURST, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Robert H. Knell*

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo.

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.