

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008702  
STATE FILE NUMBER

FILED APR 2 1959 Registration District No. 62 Primary Registration District No. 5240 Registrar's No. 10

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| 1. PLACE OF DEATH<br>a. COUNTY Cedar  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY Dade                             |  |
| b. CITY OR TOWN Washington twp. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>                  |  | c. CITY OR TOWN Greenfield <sup>70</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Caplinger Mill Length of stay in 1b 6 hours |  | d. STREET ADDRESS (If outside, give location) N. part of town Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

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| 3. NAME OF DECEASED (Type or print) First Middle Last<br>Homer - Murdock |  |  | 4. DATE OF DEATH Month Day Year<br>Mar. 20, 1959 |  |  |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 21, 1901 | 9. AGE (In years last birthday) 57 | 10. UNDER 1 YEAR Months Days | 11. UNDER 24 HRS. Hours Min. |
|-------------|------------------------|---|--------------------------------|------------------------------------|------------------------------|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and state or country) Dade County, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Irvin Murdock | 13b. MOTHER'S MAIDEN NAME Delia Brown | 14. NAME OF HUSBAND OR WIFE Lena Murdock |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None | 16. SOCIAL SECURITY NO. 497-44-7256 | 17. INFORMANT Address Mrs. Lena Murdock; Greenfield, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Coronary Thrombosis |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____                 |  |  |
| 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"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year<br>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 |
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| 21. I attended the deceased from 1956 to 3-18-59 and last saw her alive on 3-18-59<br>Death occurred at 3:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) W.O. Cowan M.D. | 22b. ADDRESS Greenfield, Mo. | 22c. DATE SIGNED 3-21-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Mar. 23, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Greenfield Cem. | 23d. LOCATION (City, town, or county) (State) Greenfield, Mo. |
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| 24. FUNERAL DIRECTOR J. C. Canada; Greenfield, Mo. ADDRESS | 25. DATE RECD. BY LOCAL REG. 3-27-59 | 26. REGISTRAR'S SIGNATURE Geneva Garrison |
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(Licensed Embalmer's Statement on Reverse Side)

W.O. Cowan, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms with no review.

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. C. Canada* .....

Licensed Embalmer No. *4196* .....  
P. O. Address *Greenfield, 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.