

FILED MAY 26 1959

Registration District No. 120 Primary Registration District No. _____ Registrar's No. 46

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Stenberg</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MD</u> b. COUNTY <u>Stenberg</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Albany</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Stenberg</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Albany Memorial Hospital</u>		Length of stay in 1b <u>2 MON X 65</u>	d. STREET ADDRESS (If outside, give location) <u>2nd and Locust Sts.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>MR. JOHN EARL MURRY</u>			4. DATE OF DEATH Month Day Year <u>May 12 1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 21 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer of Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Stenberg, Maryland</u>
13a. FATHER'S NAME <u>John Murry</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Bailey</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Florence Murry</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wd or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-07-5112</u>	17. INFORMANT Address <u>Mrs. Florence Murry, Stenberg, Md.</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>Hepatic insufficiency</u> DUE TO (b) <u>cirrhosis</u> DUE TO (c) <u>unknown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>months</u> <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic heart disease, urinary disease (Renal)</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> NOT WHILE 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 <u>Dec. 8, 1952</u> to <u>May 12, 1959</u> and last saw ^{her} him alive on <u>May 10, 1959</u> Death occurred at <u>9:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Albert L. Carlin, M.D.</u>		22b. ADDRESS <u>Stenberg, Md.</u>	22c. DATE SIGNED <u>5-14-59</u>
23a. BURIAL, CREMATION, REINBURSEMENT (Specify) <u>Burial</u>	23b. DATE <u>5-14-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	23d. LOCATION (City, town, or county) (State) <u>Stenberg (Stenberg) MD.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Phillip Montway, Stenberg, Md.</u>		25. DATE RECD. BY LOCAL REG. <u>5-18-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Dr. Albert L. Carlin

MAY 27 1959



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 *John H. Phillips*

Licensed Embalmer No. *1898*
P. O. Address. *Stanhurst*

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.