

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038932

FILED **NOV 23 1959** 38

Primary Registration District No. **3006** Registrar's No. **567**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 50 Yrs.		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 604 Hirth			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 604 Hirth		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MYRTLE Middle B. Last MURRAY				4. DATE OF DEATH Month November Day 18 Year 1959					
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-10-1890		9. AGE (last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Winchester, Kentucky		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME James M. Walden			13b. MOTHER'S MAIDEN NAME Lena Rivers Hall			14. NAME OF HUSBAND OR WIFE William H. Murray			
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. ---		17. INFORMANT William H. Murray Jr., Columbia, Mo 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) HEART FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) HYPERTENSION DUE TO (c) BRONCHIAL ASTHMA								INTERVAL BETWEEN ONSET AND DEATH MANY YEARS 27 YRS.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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 --- a.m. --- p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 Nov 16, 1959 , to Nov 18 1959 and last saw ^{her} him alive on Nov 16 1959 Death occurred at approx 12⁰⁰ noon Nov 18 m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) John Charles Strohale, M.D.					22b. ADDRESS 11 So 8th Street			22c. DATE SIGNED 11-20-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-21-1959		23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery			23d. LOCATION (City, town, or county) (State) Columbia, Mo.		
24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.				25. DATE RECD. BY LOCAL REG. Nov. 20 1959		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 18 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

Chas L. Lanning

Licensed Embalmer No. 4132

P. O. Address Columbia

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.