

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1959

59-039837

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 4229 Registrar's No. 98

ENDED

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howard			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Franklin		Length of stay in 1b 69 years		c. CITY OR TOWN New Franklin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Union Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Union Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Palmer			First	Middle	Last MURRAY	4. DATE OF DEATH Month Nov. Day 16, Year 1959	
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH March 6, 1890	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Howard County, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Charlie Murray			13b. MOTHER'S MAIDEN NAME Betty Stapleton			14. NAME OF HUSBAND OR WIFE Unknown	
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. Unknown		17. INFORMANT Address Mrs. Bessie Cason New Franklin			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Burned in home							INTERVAL BETWEEN ONSET AND DEATH. 20 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bed fast from heart disease						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.) In home alone when it burned down.				
20c. TIME OF INJURY 4:30 p.m.	Hour Month, Day, Year Nov. 16-59						
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, etc.) In home - unbed.		20f. CITY, TOWN, OR LOCATION New Franklin		COUNTY Howard	STATE MO.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4:42 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Mr. J. Shaw M.D.				22b. ADDRESS Fayette Mo.		22c. DATE SIGNED 11-19-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 18, 59	23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery			23d. LOCATION (City, town, or county) (State) Howard County, Mo.		
24. FUNERAL DIRECTOR Markland - Hall New Franklin, Mo.				ADDRESS	25. DATE RECD. BY LOCAL REG. 11-19-59	26. REGISTRAR'S SIGNATURE Katherine Welch	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. *Not Embalmed*

Student _____

Signature of Student Embalmer

Signed

Tom D. Markland

Licensed Embalmer No. *4592*

P. O. Address *New Franklin*

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.