

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009843

FILED VS. MAR 21 1960 30

Primary Registration District No. 4038 Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Benton</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Benton</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warsaw</i>		Length of stay in 1b	c. CITY OR TOWN <i>Fairfield, Mo</i>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Warsaw Nursing Home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>[Signature]</i>
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>BURK</i> Middle <i>Alexander</i> Last <i>MURRAY</i>			4. DATE OF DEATH Month <i>March</i> Day <i>14</i> Year <i>1960</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>April 3-1888</i>	9. AGE (last birthday) <i>81</i>	IF UNDER 1 YEAR Months <i>11</i> Days <i>1</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	11. BIRTHPLACE (City and state or country) <i>Benton Co. Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>Thomas Murray</i>		13b. MOTHER'S MAIDEN NAME <i>Amelia McMillian</i>		14. NAME OF HUSBAND OR WIFE <i>deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or (unknown)) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>George Murray, Fairfield</i>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Cerebral infarction, multiple</i>		<i>Months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>arteriosclerosis, generalized</i>	<i>years</i>
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>[Redacted]</i>	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
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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 <i>4:30</i> a.m. <i>p.</i> Month, Day, Year <i>1958</i>	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 <i>Warsaw, Mo.</i>		COUNTY <i>Benton</i> STATE <i>Mo</i>

21. I attended the deceased from *1958* to *3/14/60* and last saw *him* alive on *3/14/60*  
Death occurred at *4:30 p.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title)	22b. ADDRESS <i>Warsaw, Mo.</i>	22c. DATE SIGNED <i>3/15/60</i> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Mar 17, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Fairfield Cemetery</i>	23d. LOCATION (City, town, or county) <i>Fairfield Benton Co, Mo</i>
24. FUNERAL DIRECTOR <i>John F Reser</i> ADDRESS <i>Warsaw</i>		25. DATE RECD. BY LOCAL REG. <i>Mar 17-1960</i>	26. REGISTRAR'S SIGNATURE <i>Jad. A. Logan</i>

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Riser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.