

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 12 1960

=60-022805

INDEXED

Registration District No. 120 Primary Registration District No. 4194 Registrar's No. 51 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Albany		Length of stay in 1b 8 days	c. CITY OR TOWN Albany Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gentry County Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 708 N. Hundley Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Levi Middle (NMN) Last Murray			4. DATE OF DEATH Month July Day 3 Year 1960		
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5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH July, 12 '79	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber buyer	10b. KIND OF BUSINESS OR INDUSTRY Native lumber	11. BIRTHPLACE (City and state or country) Worth 60., Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME T.S. Murray	13b. MOTHER'S MAIDEN NAME Patience Lois Bridger	14. NAME OF HUSBAND OR WIFE Erla Long Murray
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. nons	17. INFORMANT Mrs Levi Murray	Address Albany, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
DUE TO (b) + endarteritis Obliterans		
DUE TO (c)		2 mos

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 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.) C!
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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 Albany, Gentry, Mo	COUNTY Gentry	STATE Mo
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21. I attended the deceased from **March 1960** to **7-3-60** and last saw him alive on **7-3-60**
Death occurred at **4:45 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank H. Rose, M.D.	(Degree or title)	22b. ADDRESS Albany, Mo	22c. DATE SIGNED 7-4-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE July 5, 1960	23c. NAME OF CEMETERY OR CREMATORY Grandview	23d. LOCATION (City, town, or county) (State) Albany, Missouri
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24. FUNERAL DIRECTOR Brooks-Cochell Funeral Home, Albany, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-4-60	26. REGISTRAR'S SIGNATURE Mrs. T. W. Bare
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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 me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Cocheley

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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.