ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028801
STATE FILE NUMBER

AMENDED FILED AUG 16 1961

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem, Missouri — Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Henderson St. Salem, Mo — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Cook
c. CITY OR TOWN Chicago, Ill. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Chicago, Ill — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Walter Middle: Hebrew Last: Murray
4. DATE OF DEATH Month: Aug. Day: 10, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 20, 1895
9. AGE (last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Express worker
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (City and state or country): Dent County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: William Murray
13b. MOTHER'S MAIDEN NAME: Mary Jane Skiles
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W. W. I
16. SOCIAL SECURITY NO.
17. INFORMANT: Clara Stout, Salem, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 12-9-58, to 7-31-61 and last saw her/him alive on 7-31-61
Death occurred at 10:00a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible], MD
22b. ADDRESS: Salem Missouri
22c. DATE SIGNED: 8-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 12, 1961
23c. NAME OF CEMETERY OR CREMATORY: Green Forrest Cem.
23d. LOCATION (City, town, or county) (State): Dent. County, Missouri

24. FUNERAL DIRECTOR ADDRESS: SPENCER FUNERAL HOME INC. SALEM, MO.
25. DATE RECD. BY LOCAL REG.: 8/12/61
26. REGISTRAR'S SIGNATURE: M. M. Stark, M.D. by AM

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

DEC 6 1961

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.