

No. 300
M-10-47
v. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19192
Registrar's No. 489-A

Registration District No. 128

Primary Registration District No. 2000

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

In this community Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Aurora
(If outside city or town limits, write "RURAL")

(d) Street No. 9 West Colfield St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS WALTEN MURPHY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel Murphy

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct 2 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68	8	8	hr. min.
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9. Birthplace Vienna, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Well driller

11. Industry or business _____

MOTHER FATHER { 12. Name John Murphy

{ 13. Birthplace Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ronie Rowden

{ 15. Birthplace Unknown
(City, town, or county) (State or foreign county)

16. (a) Informant Mrs. Hazel Murphy

(b) Address Aurora, Mo.

17. (a) Burial (b) Date thereof 6/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park, Aurora, Mo.

18. (a) Signature of funeral director _____

(b) Address Aurora, Mo.

19. (a) 7-9-48 (b) W.S. Handley III
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1948 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from Ray 1948 to June 10 1948
that I last saw him alive on June 7 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Arteriosclerosis
Coronary Artery Disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations g.t.b.

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? MO.

While at work? _____ (Specify type of place) (e) Means of injury ✓

23. Signature A.P. [Signature] (M. D. or other) _____
Address Aurora, Mo. Date signed 6-12-48

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 Joe A. King, Registered Apprentice No. 94,
working under my personal supervision.

Signed

Joe A. King

Licensed Embalmer No. 3529

P. O. Address Aurora, Missouri

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 this body is not embalmed, fact should be so stated above.