FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1948

Registration District No. 224

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5796

State File No. 23637 33

Registrar's No.

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town Rural Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: California, Mo Rt# 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 Day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Centertown, Mo Rt # 4
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME David R. Francis Murphy
3. (b) If veteran, name war NO
3. (c) Social Security No. 496.12.0444
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Murphy
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Jan (Month) 22 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
56	5	14	hr. min.

9. Birthplace Cole Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James Murphay
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Margrett Gabert
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Pearl F. Murphy
(b) Address Centertown Mo Rt 4
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemt. California
18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo
19. (a) 7-8-48 (Date received local registrar) (b) H. R. Popsey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 6 day
year 48 hour minute 20 M. (?)
21. I hereby certify that I attended the deceased from
19..., to ..., 19...;
that I last saw him alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	acute
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 930	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. C. Heine M.D. (M. D. or other) Coroner Moniteau Co
Address Tipton Mo Date signed 8-6-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

OCT 5 1948

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 James M. Foley Registered Apprentice No. 219, working under my personal supervision.

Signed Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, Pa

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.