

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9257

67
82

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

BIRTH NO. _____		REG. DIST. NO. <u>418</u>		PRIMARY REG. DIST. NO. <u>4330</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY OR TOWN <u>East Prairie</u>		c. LENGTH OF STAY (In this place) <u>39</u>		c. CITY OR TOWN <u>East Prairie mo</u>		d. STREET ADDRESS (If rural, give location) <u>10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>							
3. NAME OF DECEASED (Type or Print) <u>JAMES BALUS MURPHY</u>			a. (First)			b. (Middle)	
c. (Last)			4. DATE OF DEATH <u>March 5 1949</u>		(Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Nov. 19 1868</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Raised Railroad Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Saline Co. Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>Nathan H. Murphy</u>			13b. MOTHER'S MAIDEN NAME <u>Phoebe Garland</u>			14. NAME OF HUSBAND OR WIFE <u>Irena Murphy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eura Pearson</u> ADDRESS <u>East Prairie mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apoplexy cerebral</u> ANTECEDENT CAUSES (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>2 year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>10</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 15, 1949</u> , to <u>March 5, 1949</u> , that I last saw the deceased alive on <u>March 5, 1949</u> , and that death occurred at <u>1:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Design or title) <u>A. G. Martin M.D.</u>				23b. ADDRESS <u>East Prairie</u>		23c. DATE SIGNED <u>3-8-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>March 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marys Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Rector Ark</u>	
DATE REC'D BY LOCAL REG. <u>April 27 1949</u>		REGISTRAR'S SIGNATURE <u>Anna Harper Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Shelby</u>		ADDRESS <u>East Prairie</u>	

RECEIVED

District Health Office No. 2

District File Number 449-448

Date Filed 4-4-49

APR 14 1949

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.

Signed Travis Shelby

Signed _____
Student Embalmer

Licensed Embalmer No. 2726

P. O. Address East Grand M

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.