

FILED APR 25 1949

## STANDARD CERTIFICATE OF DEATH

State File No. **12071**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>344</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		<u>39</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's</u>				d. STREET ADDRESS (If rural, give location) <u>2100 N. Roosevelt</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charley</u>		b. (Middle) <u>Arbon</u>		c. (Last) <u>Murphy</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>16</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 8 1891</u>	
9. AGE (In years last birthday)		<u>58</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No Stock Y. Emp.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Yard</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jasper Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Murphy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>        </u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Murphy</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis, Heart Disease with congestive failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>1200</u>				INTERVAL BETWEEN ONSET AND DEATH <u>few years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <input checked="" type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>4/11</u> , 19 <u>49</u> to <u>4/15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4/15</u> , 19 <u>49</u> , and that death occurred at <u>9:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Glenn O. T. ... M.D.</u>				(Degree or title)		23b. ADDRESS <u>Springfield Mo.</u>	
23c. DATE SIGNED <u>4/16/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bassville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner &amp; Co.</u>		ADDRESS <u>Springfield</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 19 1944

**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 \_\_\_\_\_

*Max Rhodes*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4071

P. O. Address Birmingham

**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.