

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1949

State File No. 15017

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <i>Butler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Butler</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Poplar Bluff</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Zulin, R 2</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1 Day</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>George</i>	b. (Middle)	c. (Last) <i>Murphy</i>	4. DATE OF DEATH (Month) (Day) (Year)
				<i>May - 8 - 1949</i>

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>1883</i>	9. AGE (In years last birthday) <i>66</i>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
		<i>Never married</i>						

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>DeKoder Co. Tenn</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Milton Murphy</i>	13b. MOTHER'S MAIDEN NAME <i>unknown</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <i>No.</i>	16. SOCIAL SECURITY NO. <i>490-185-2174</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Sabra Williams</i>	ADDRESS <i>Zulin, R 2</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Asphyxiation</i>		INTERVAL BETWEEN ONSET AND DEATH <i>44 1/2 X</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac failure</i>		
	DUE TO (c) <i>Cardio-Vascular renal disease</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>A.D. Maitle</i>	(Design or title)	23b. ADDRESS <i>Poplar Bluff, Missouri</i>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>May 9 - 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Maconda</i>	24d. LOCATION (City, town, or county) (State) <i>New Madrid Co. Mo.</i>
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DATE REC'D BY LOCAL REG. <i>May 29, 1949</i>	REGISTRAR'S SIGNATURE <i>Wm H Johnson</i>	428	25. FUNERAL DIRECTOR'S SIGNATURE <i>Richard Voth Co</i>	ADDRESS <i>New Madrid</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12
37

ms

JUN 7 1949
BUTLER COUNTY HEALTH CENTER
PO BOX 100 BUEFF, MISSOURI

649-119

6-7-49

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 _____

Lowell Greer Jr.

Student Embalmer No. 310

working under my personal supervision.

Student
Student Embalmer

Signed

L. Haythorn
Licensed Embalmer No. 3803

P. O. Address New Madrid, Mo.

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.