

FILED SEP 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27273

State File No. 4252

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. 333		Registrar's No. <u>103</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Johnson		b. CITY OR TOWN Centerview		a. STATE Missouri		b. COUNTY Johnson	
c. LENGTH OF STAY (in this place) 60 Yrs		c. CITY OR TOWN Centerview		d. STREET ADDRESS Centerview		51 100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Centerview				d. STREET ADDRESS (If rural, give location) Centerview			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) Loy	b. (Middle) McMurphy	c. (Last) McMurphy	(Month) Aug	(Day) 29	(Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 9 1879		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Levi McMurphy		13b. MOTHER'S MAIDEN NAME Martha Hicks		14. NAME OF HUSBAND OR WIFE Minerva McMurphy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minerva McMurphy Centerview Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					Sudden
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis					?
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					420
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Centerview Johnson Mo			
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>June 1949</u> , to <u>Aug 29, 1949</u> , that I last saw the deceased alive on <u>Aug 25, 1949</u> and that death occurred at <u>2:30A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. F. McMurphy M.D.				23b. ADDRESS Warrensburg Mo		23c. DATE SIGNED 8-21-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 1 1949	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg Mo.		
DATE REC'D BY LOCAL REG. Sept. 1, 1949		REGISTRAR'S SIGNATURE Savannah C. Whitefield		25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips		ADDRESS Warrensburg Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 1949

OCT 20 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.

Student
Student Embalmer

Signed

J. Earl Priest

Licensed Embalmer No.

3878

P. O. Address

Warrensburg, 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.