No. 300
10.48

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29090

BIRTH NO. _____ REG. DIST. NO. 359 PRIMARY REG. DIST. NO. 6223 Registrar's No. 22

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

1. PLACE OF DEATH
a. COUNTY: Veron
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Virgil township
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1¼ mi West Virgil City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Veron
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Virgil township
d. STREET ADDRESS (If rural, give location): 1¼ mi West Virgil City

3. NAME OF DECEASED (Type or Print)
a. (First): Burl
b. (Middle): O.
c. (Last): Murphy

4. DATE OF DEATH (Month) (Day) (Year): Aug. 27, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 22, 1894
9. AGE (In years last birthday): 54
If under 1 year: Months — Days —
If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George W Murphy
13b. MOTHER'S MAIDEN NAME: Ara Wright
14. NAME OF HUSBAND OR WIFE: Nora H. Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Nora H. Murphy, El Dorado Spgs, Mo
ADDRESS:

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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mitral Stenosis — yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1944, *to* Aug 8, 1949, *that I last saw the deceased alive on* Aug 8, 1949, *and that death occurred at* 7:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm. B. Richter M.D.
23b. ADDRESS: Stockton Mo.
23c. DATE SIGNED: 8.27.49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 29, 1949
24c. NAME OF CEMETERY OR CREMATORY: Virgil Cemetery
24d. LOCATION (City, town, or county) (State): Veron County, Mo

DATE REC'D BY LOCAL REG.: Aug. 29, 1949
REGISTRAR'S SIGNATURE: Mrs Ruth Faith 330
25. FUNERAL DIRECTOR'S SIGNATURE: Gwinn Carothers, El Dorado Spgs, Mo
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 8-49-1651
Date Filed 9-7-49

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 ..... Student Embalmer No. ..... working under my personal supervision.

Signed James E. Hackleman

Signed ..... Student Embalmer

Licensed Embalmer No. #5573

P. O. Address El Dorado Springs

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.