

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38213**

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 413

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>4 months</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>121 East Pacific</u>		c. CITY (If outside corporate limits write RURAL and give township) <u>Hughsville</u>	
3. NAME OF DECEASED a. (First) <u>Gussie</u> b. (Middle) <u>MAE</u> c. (Last) <u>MURPHY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-23-1949</u>	
5. SEX <u>♀</u>	6. COLOR OR RACE <u>A Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>4-15-1892</u>
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper Co Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13. FATHER'S NAME <u>George Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Halder</u>	14. NAME OF HUSBAND OR WIFE <u>Howard 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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arthur Nelson, Sedalia, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis, Coronary and generalized arteriosclerosis</u> DUE TO (c) <u>Mural thrombus, Hemic, unknown</u> II. OTHER SIGNIFICANT CONDITIONS-- Conditions contributing to the death but not related to the disease or condition causing death. <u>Mural thrombus, Hemic, unknown</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) <u>11-23-49</u>
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>17 Sept, 1949</u> to <u>23 Nov, 1949</u> , that I last saw the deceased alive on <u>13 Nov, 1949</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl Osiger, D.M.P.</u>		23b. ADDRESS <u>412 1/2 S. Ohio Ave. Sedalia, Mo.</u>	23c. DATE SIGNED <u>26 Nov 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Lebanon</u>	24d. LOCATION (City, town, or county) (State) <u>Cooper Co Mo</u>
DATE REC'D BY LOCAL REG. <u>11/28/49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. D. Ferguson, 117 E. Jefferson, Sedalia, Mo.</u>	

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

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RECEIVED DE
District Health Officer No. 8.

District File Number

Date Filed 12-6-49

DEC 31 1949

DEC - 7 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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.