

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40831

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1088

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>526 Cleveland</u>		d. STREET ADDRESS (If rural, give location) <u>526 Cleveland</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>J.</u> c. (Last) <u>Murphy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-8-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>2 Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb-15-1854</u>
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Versailles Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Jackson Murphy</u>	
13b. MOTHER'S MAIDEN NAME <u>Becky Redmond</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Murphy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Martha Murphy</u>		ADDRESS <u>526-Cleaveland</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>Acute Myocardial Insufficiency</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>		4292	
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) (Minute)	
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>Oct.</u> , 1949, to <u>Dec 8</u> , 1949, that I last saw the deceased alive on <u>Dec 8</u> , 1949, and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lymon D. Brown M.D.</u>		23b. ADDRESS <u>31 1/2 Boonville Springfield Mo.</u>	
23c. DATE SIGNED <u>Dec. 10, 1949</u>		24. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-12-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Haywood</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-14-49</u>		REGISTRAR'S SIGNATURE <u>W. H. Haudley M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. V. Smith</u>		ADDRESS <u>602-N. Jefferson</u>	

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

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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 Herbert V Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 4286

P. O. Address Springfield, 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.