

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41894

State File No. 297 Registrar's No.

FILED JAN 5 1950

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4372

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Burlington Jct. c. LENGTH OF STAY (in this place) 4 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearmont	
d. FULL NAME OF HOSPITAL OR INSTITUTION Broderick Nursing Home		d. STREET ADDRESS (If rural, give location) none	

3. NAME OF DECEASED (Type or Print)	a. (First) ETTA	b. (Middle) MAY	c. (Last) MURPHY	4. DATE OF DEATH (Month) (Day) (Year) 12 31 49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12/15/64	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Sidney, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Abraham Travis	13b. MOTHER'S MAIDEN NAME Ruth Stellabarger	14. NAME OF HUSBAND OR WIFE Arthur D. Murphy, dec.
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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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Lawrence Murphy, Braddyville, Ia
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1991
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of large metastasis		
	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"/>
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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) (Min.)	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 **Dec. 31, 1949**, that I last saw the deceased alive on **12/20, 1949** and that death occurred at **6:30A m.**, from the causes and on the date stated above.

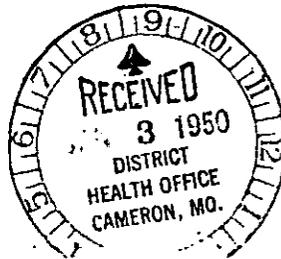
23a. SIGNATURE B. J. Reiland (Degree or title) M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 12/31/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1/2/50	24c. NAME OF CEMETERY OR CREMATORY Clearmont	24d. LOCATION (City, town, or county) (State) Clearmont, Missouri
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DATE REC'D BY LOCAL REG. 12-31-49	REGISTRAR'S SIGNATURE Bess Holt	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home Maryville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 10 1950



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 _____

ROBERT L SAUTER

Student Embalmer No. 309

working under my personal supervision.

Student Robert L Sauter
Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville 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.