

FILED FEB 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 122

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD Butler	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Shirley	b. (Middle) Virginia	c. (Last) Murphy	4. DATE OF DEATH (Month) (Day) (Year) Jan. 28 50
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 13 1866	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR (Months) 7	IF UNDER 24 HRS. (Hours) 15	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	11. BIRTHPLACE (State or foreign country) Licken Co. Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robt. McCracken	13b. MOTHER'S MAIDEN NAME Martha Iden	14. NAME OF HUSBAND OR WIFE Nicholas 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 Willie Murphy	ADDRESS Butler Mo. RFD
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 1 day 3 years 170A
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Breast		
	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 checked="" 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) m.	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 Oct. 1949, to Jan. 28, 1950, that I last saw the deceased alive on Jan. 28, 1950, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. S. Laster, M.D.	23b. ADDRESS Butler, Mo.	23c. DATE SIGNED 2-1-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/30/50	24c. NAME OF CEMETERY OR CREMATORY Radford Cemetery	24d. LOCATION (City, town, or county) (State) RFD Butler Bates Co. Mo.
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DATE REC'D BY LOCAL REG. Feb-1-1950	REGISTRAR'S SIGNATURE Randal Perry	25. FUNERAL DIRECTOR'S SIGNATURE John Underwood	ADDRESS Butler Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 7,

District File Number 1-50-5

Date Filed 2-6-50

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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.