

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 271

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo.		c. LENGTH OF STAY (In this place) 50 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		0117 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 2603 Jackson Street			d. STREET ADDRESS (If rural, give location) 2603 Jackson Street		

3. NAME OF DECEASED (Type or Print) a. (First) Bernard b. (Middle) William c. (Last) Murphy			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 23, 1877	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months	11. UNDER 1 HRS. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist		10b. KIND OF BUSINESS OR INDUSTRY Dick Floral Shop		11. BIRTHPLACE (State or foreign country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Bernard Wm. Murphy		13b. MOTHER'S MAIDEN NAME Katherine Brennan		14. NAME OF HUSBAND OR WIFE Elizabeth S.			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-09-5479		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Elizabeth S. Murphy 2603 Jackson			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) ✓ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓				INTERVAL BETWEEN ONSET AND DEATH 3 hrs 331X	
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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) (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 Oct 1949, to Jan. 31, 1950, that I last saw the deceased alive on Jan. 11, 1950, and that death occurred at 10:00A, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John L. Bynum M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 1-31-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Febr. 3, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		
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DATE REC'D BY LOCAL BEG. Feb 6, 1950	REGISTRAR'S SIGNATURE H. L. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman W. J. J. J. J. 1802 Union St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.
Signed *Robert H. Apple*

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.