No. 300
10.48

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

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24169

BIRTH NO. _____ REG. DIST. NO. 244 PRIMARY REG. DIST. NO. 58 Rd Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Twp. Marion
c. LENGTH OF STAY (in this place): 3 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1 Diamond, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" Marion 0730
d. STREET ADDRESS (If rural, give location): Route #1 Diamond, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Mable
b. (Middle): Louise
c. (Last): MURPHY

4. DATE OF DEATH (Month) (Day) (Year): July 12, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 13, 1869
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
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): Monmouth, Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Mirabeau Smith
13b. MOTHER'S MAIDEN NAME: Talitha Carmichiel
14. NAME OF HUSBAND OR WIFE: P. J. Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: A. L. Robinson — ADDRESS: Rt. #1 Daimond, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia due to Carcinoma of bladder. — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

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.

781X

19a. DATE OF OPERATION: - - - -
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10- *, 19* 50 *, to* 7-12- *, 19* 50 *, that I last saw the deceased alive on* 7-12- *, 19* 50 *, and that death occurred at* 6: P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Charles O. Chester — (Degree or title): D.O.
23b. ADDRESS: Granby, Mo.
23c. DATE SIGNED: 7-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-14-1950
24c. NAME OF CEMETERY OR CREMATORY: Cemetery Diamond
24d. LOCATION (City, town, or county) (State): Diamond Mo.

DATE REC'D BY LOCAL REG.: 7-14-1950
REGISTRAR'S SIGNATURE: Mrs. Allie Parnell 222
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Ulmer Funeral Home Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 750-160

Date Filed JUL 17 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 ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.