

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32223**

No. 300
10-48

317

6076

Registrar's No. **2208**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Joseph			
b. CITY (If outside corporate limits, write RURAL and give town) Rural Wellston		c. LENGTH OF STAY (in this place) 13 years		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent's Sanitarium				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) A.		c. (Last) Murphy		4. DATE OF DEATH (Month) (Day) (Year) Sept. 18 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Apr. 7, 1899		9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months 5 Days 11 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergyman		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William A. Murphy			13b. MOTHER'S MAIDEN NAME Alice Murray			14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mr. Hamilton Murphy ADDRESS 1823 Clay St. St. Joseph, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, broncho Terminal, bilateral				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes, Melitus Arteriosclerosis, generalized DUE TO (c) Decubitus			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, right hip (Pinned 6-28-50)				INTERVAL BETWEEN ONSET AND DEATH 9/9/50 260XF 6-23-50			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____		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 12-5- , 19 49 , to 9-18- , 1950, that I last saw the deceased alive on 9-18- , 19 50 , and that death occurred at 12:45^Am. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph A. Costello (Degree or title) _____				23b. ADDRESS _____		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-18-50		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) St. Joseph Mo	
DATE REC'D BY LOCAL REG. SEP 18 1950		REGISTRAR'S SIGNATURE Herbert R. Doncke		25. FUNERAL DIRECTOR'S SIGNATURE Kelly Funeral Home ADDRESS 14386 Lindell St. St. Louis Mo			

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

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 Embalmer No. _____

Signed _____

J. Allen Davis

Signed _____
Student Embalmer

Licensed Embalmer No. *4053*

P. O. Address _____
St. Louis

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.