

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32340

State File No. 771
Registrar's No. 141

BIRTH NO. 62762-50 REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 6114

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 6114</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 6114</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Home P. I. Morley</u>		d. STREET ADDRESS (If rural, give location) <u>Morley R 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Erma</u> b. (Middle) <u>Leon</u> c. (Last) <u>Murphy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 18 50</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>9-11-57</u>
9. AGE (In years last birthday) <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Morley Mo R I O</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>0</u>		13b. MOTHER'S MAIDEN NAME <u>Ernestine Murphy</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Murphy, Mother Morley Mrs.</u> ADDRESS <u>Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Undernourished</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7720</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____ DUE TO (c) _____		
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) (Min) _____		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 <u>9-11</u> , 19 <u>50</u> , to <u>9-18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-18</u> , 19 <u>50</u> , and that death occurred at <u>9⁰⁰ Am.</u> , from the causes and on the date stated above.		

23a. SIGNATURE (Degree or title) <u>midwife Virginia Murphy</u>		23b. ADDRESS <u>Morley Mo Sept 1-50</u>		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc Mullens</u>	
24d. LOCATION (City, town, or county) (State) <u>Richland Mo Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>At Hughes, Morley Mo R I</u>		ADDRESS <u>Mo</u>	
DATE REC'D BY LOCAL REG <u>Sept 22-50</u>		REGISTRAR'S SIGNATURE <u>Mrs Olla Hunter</u>		429	

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

RECEIVED SEP 25 1950
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 950-118

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

*Not Embalmed
Reg. 333*