

FILED MAY 24 1951 STANDARD CERTIFICATE OF DEATH

State File No. 19196

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 6183 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) Milan - Rural		c. CITY (If outside corporate limits, write RURAL and give township) Milan - (Rural) 1050	
c. LENGTH OF STAY (in this place) 33 yrs		d. STREET ADDRESS (If rural, give location) P.O. Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Mabel b. (Middle) Murphy c. (Last) Murphy		4. DATE OF DEATH (Month) (Day) (Year) 5 5-1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-13-1897
9. AGE (In years last birthday) 53	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	
13a. FATHER'S NAME Grant Roach	13b. MOTHER'S MAIDEN NAME Loretta Kelly	14. NAME OF HUSBAND OR WIFE Roy Murphy	
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.	17. INFORMANT'S SIGNATURE OR NAME - ADDRESS Roy Murphy - Milan - Mo	
18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma uterine		INTERVAL BETWEEN ONSET AND DEATH unknown	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) carcinoma left foot		3 yrs.	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1991			
19a. DATE OF OPERATION 3-51-	19b. MAJOR FINDINGS OF OPERATION left limb amputated. carcinoma.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., on 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 4-29, 1947, to 5-5, 1951, that I last saw the deceased alive on 5-1, 1951, and that death occurred at 1:15 p.m., from the causes and on the date stated above.			
23a. SIGNATURE E. J. Simpson		23b. ADDRESS Milan, Mo.	23c. DATE SIGNED 5-7-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/7/51	24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem	24d. LOCATION (City, town, or county) (State) Milan - Mo
DATE REC'D BY LOCAL REG. May 16 - 1951	REGISTRAR'S SIGNATURE Mrs. H. B. Harris	25. FUNERAL DIRECTOR'S SIGNATURE Schroyer Address Milan - Mo	

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

550
1

Faint handwritten notes and markings, possibly including the number '100'.

Date Received: **MAY 2 1 1951**
DISTRICT HEALTH OFFICE #2
District File Number *5-51-934*
Date Filed: **MAY 2 2 1951**

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.....
Student Embalmer

Signed..... *Dwight Schoene*
Licensed Embalmer No. *21667*
P. O. Address *Wilkes - Pa*

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.