

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30051**

FILED OCT 6 - 1951

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 128

402

0402

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) TRENTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1412 PRINCETON ROAD		d. STREET ADDRESS (If rural, give location) 1412 RRINCETON ROAD	

3. NAME OF DECEASED (Type or Print) BETTIE	a. (First)	b. (Middle) ANN	c. (Last) MURPHY	4. DATE OF DEATH SEPT. 15, 1951
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH OCT. 1, 1862	9. AGE (In years last birthday) 88	if UNDER 1 YEAR Months 11	if UNDER 12 HRS. Days 14	Hours 14	Min.
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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) DAVIS COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME THOMAS FORMAN	13b. MOTHER'S MAIDEN NAME SALLIE WALTERS	14. NAME OF HUSBAND OR WIFE FRANK MURPHY
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS NANNIE COLLEY	ADDRESS TRENTON, MISSOURI
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4500		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 Sept 2, 1951 to Sept 14, 1951, that I last saw the deceased alive on Sept 9, 1951, and that death occurred at 6:50P m., from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffy MD	(Degree or title)	23b. ADDRESS TRENTON, MISSOURI	23c. DATE SIGNED 9/17/51
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24a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify) BURIAL	24b. DATE 9/18/51	24c. NAME OF CEMETERY OR CREMATORY MARTIN CEMETERY	24d. LOCATION (City, town, or county) (State) TINDALL, GRUNDY, MISSOURI
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DATE REC'D BY LOCAL REG. 9/28/51	REGISTRAR'S SIGNATURE Jane J...	25. FUNERAL DIRECTOR'S SIGNATURE Charles D. Simpson	ADDRESS TRENTON, MISSOURI
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WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Charles D. Lippman

Licensed Embalmer No. 3109

P. O. Address TRENTON, MISSOURI

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.