

1951 OCT 11

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30580

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 452

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE 13 K SE, Oklahoma b. COUNTY Ottawa	
b. CITY OR TOWN Joplin	c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Miami 8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION Keystone Hotel, Joplin, Mo.		d. STREET ADDRESS (If rural, give location) 13 K S. E.	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Albert	c. (Last) Murphy	4. DATE OF DEATH (Month) (Day) (Year) 9 30 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 22, 1924	9. AGE (In years last birthday) 27	10. F UNDER 1 YEAR Months	11. F UNDER 24 HRS. Days	12. F UNDER 24 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor	10b. KIND OF BUSINESS OR INDUSTRY Coleman Theatre	11. BIRTHPLACE (State or foreign country) Joplin, Missouri	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Hubert M. Murphy	13b. MOTHER'S MAIDEN NAME Thelma Abbott	14. NAME OF HUSBAND OR WIFE none
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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 NO	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hubert M. Murphy, Miami, Okla.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adhesive pericarditis DUE TO (c) reserly of circumferential pericardial effusion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. } treated for cardiac disorder by Dr. Duismore Miami Okla		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none m.	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 Sid W. Orstved, 1951, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred April 4 1951 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter W. Brown, Joplin, Mo.</u> (Degree or title)	23b. ADDRESS <u>Joplin Natl Bank Bldg Joplin</u>	23c. DATE SIGNED <u>10-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <u>10-1-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>	24d. LOCATION (City, town, or county) (State) <u>Galena Kansas</u>
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DATE REC'D BY LOCAL REG. <u>10-4-51</u>	REGISTRAR'S SIGNATURE <u>James 156</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>David Dillon Funeral Home Joplin, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

495

RECEIVED 10-9-51  
Jasper County Health Office

County File Number 51/10/220

Date Filed 10-9-51

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. 3566

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.