

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25489

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>229</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS 0940</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. LENGTH OF STAY (In this place) <u>0940</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Big River Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>R1 BONNE TERRE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>MURPHY</u>	
4. DATE OF DEATH		(Month) <u>JULY</u>		(Day) <u>16</u>		(Year) <u>1952</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT. 15, 1883</u>	
9. AGE (In years last birthday)		# UNDER 1 YEAR <u>68</u>		# UNDER 1 YEAR <u>10</u>		# UNDER 1 YEAR <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>BONNE TERRE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>JOHN W. MURPHY</u>		13b. MOTHER'S MAIDEN NAME <u>GUSTINE PRATTE</u>		14. NAME OF HUSBAND OR WIFE <u>MARY MURPHY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY MURPHY R1 BONNE TERRE 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Vascular Disease</u>				<u>2-3 years</u>	
		DUE TO (c)					
		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 <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>July 11, 1952</u> to <u>July 15, 1952</u> , that I last saw the deceased alive on <u>July 15, 1952</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Marvin L. Haw, Jr. M.D.</u>				23b. ADDRESS <u>Bonne Terre, Mo.</u>		23c. DATE SIGNED <u>7/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JULY 19, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S</u>		24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO</u>	
DATE REC'D BY LOCAL REG. <u>July 19, 1952</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		FUNDRAISER'S SIGNATURE <u>Wendell C. Barnes</u>		ADDRESS <u>Bonne Terre Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Lawrence J. Chywell

Signed.....
Student Embalmer

Licensed Embalmer No. *3706*

P. O. Address *Donnell, Mo*

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.