

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 8 1952

BIRTH NO. 41369 REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5439 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY Gasconade

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Gasconade

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Canaan Twp. c. LENGTH OF STAY (in this place) 1 month

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Owensville, Mo. Rt. 3

d. STREET ADDRESS (If rural, give location) Owensville, Mo. Rt. 3

3. NAME OF DECEASED (Type or Print)
a. (First) Gary b. (Middle) Wayne c. (Last) Murphy

4. DATE OF DEATH (Month) (Day) (Year) Aug. 18, 1952

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 8. DATE OF BIRTH July 11, 1952 9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 7 IF UNDER 12 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ** 10b. KIND OF BUSINESS OR INDUSTRY ** 11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles D. Murphy. 13b. MOTHER'S MAIDEN NAME Bernice Haddox 14. NAME OF HUSBAND OR WIFE **

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ** (If yes, give war or dates of service) ** 16. SOCIAL SECURITY NO. ** 17. INFORMANT'S SIGNATURE OR NAME Charles D. Murphy ADDRESS Owensville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Malformation INTERVAL BETWEEN ONSET AND DEATH 5 wks

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pre-maturity & Immaturity

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 ** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Aug 18, 1952, that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 1 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. M. Kelle M.D. 23b. ADDRESS Owensville, Mo. 23c. DATE SIGNED 8-18-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-19-1952 24c. NAME OF CEMETERY OR CREMATORY Tea Cemetery 24d. LOCATION (City, town, or county) (State) Tea, Mo.

DATE REC'D BY LOCAL REG. Aug 22, 1952 REGISTRAR'S SIGNATURE 363 Dorothy Kallea 25. FUNERAL DIRECTOR'S SIGNATURE 363 Mildred H. H. Winter ADDRESS Owensville Mo.

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

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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Myself H W Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.