

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38391**

~~FILED~~ DEC 13 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5463 Registrar's No. 1077-C

390

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JACKSON TOWNSHIP</b>	c. LENGTH OF STAY (In this place) <b>20 YRS.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JACKSON TOWNSHIP</b> <b>0390</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ROUTE # 2 STRAFFORD, MO.</b>		d. STREET ADDRESS (If rural, give location) <b>ROUTE # 2 STRAFFORD, MO.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARGARET</b>	b. (Middle)	c. (Last) <b>MURPHY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 4, 1952</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH (about) <b>1887</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>PETER J. MURPHY</b>	13b. MOTHER'S MAIDEN NAME <b>ROSE McDERMOTT</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>E.J. MURPHY</b>	ADDRESS <b>STRAFFORD, MO.</b>
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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, asthma, 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) <b>Natural causes. Coronary vessel</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>disease.</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
II. OTHER SIGNIFICANT CONDITIONS: <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4/257</b>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 \_\_\_\_\_ to \_\_\_\_\_ and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	3 (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>407 Medical Arts Building</b>	23c. DATE SIGNED <b>12-8-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12/10/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ST MARY'S</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MISSOURI</b>

DATE REC'D BY LOCAL REG. <b>12-10-52</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. LOHMEYER</b>	ADDRESS <b>SPRINGFIELD, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

DATE

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

*Paul Schmeyer*

Licensed Embalmer No. *4734*

P. O. Address *Spencer 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.