

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39400

State File No.

No. 300
10-48

FILED NOV 24 1952

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4302 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Idaho</u> b. COUNTY <u>Unknown</u>	
b. CITY OR TOWN <u>Child</u>		c. CITY OR TOWN <u>Mountain Home 8110</u>	
c. LENGTH OF STAY (in this place) <u>4 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1226 North 3rd. 8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Lloyd</u> c. (Last) <u>Murphy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Oct. 22 1952</u>		9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>24</u>		IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) <u>Mountain Home Idaho</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Cecil Lloyd Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Fern Mills</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Richard T. Miller</u> ADDRESS <u>Childa, Mo</u>	
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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) <u>congenital heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		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 <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 Nov 16, 1952, to Nov 16, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank F. Gale</u> (Degree or title) <u>med.</u>		23b. ADDRESS <u>Chillicathe, Mo.</u>		23c. DATE SIGNED <u>11-17-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>11/19/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Childa Missouri</u>	

DATE REC'D BY LOCAL REG. <u>11-17-52</u>		REGISTRAR'S SIGNATURE <u>Frances B. Nail</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. J. Robertson</u> ADDRESS <u>Funeral Home Childa, Mo</u>	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Robertson

Licensed Embalmer No. *4388*

P. O. Address *Laredo, 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.