

FILED JAN 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44257

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>91</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural (Liberty)</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Liberty)</u> <u>1030</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #25</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1, Bernie, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u>			b. (Middle) <u>Leo</u>		c. (Last) <u>Murphy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9, 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>June 23, 1924</u>		9. AGE (In years last birthday) <u>28</u>	10. UNDER 1 YEAR Months <u>5</u> Days <u>16</u>	11. UNDER 1 HR. Hours <u>1</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Bernie, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>J. L. Murphy</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine Whitby</u>		14. NAME OF HUSBAND OR WIFE <u>Eula 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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eula Murphy Bernie, 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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture and internal injuries</u> ANTECEDENT CAUSES Morbid 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. INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>						
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway #25</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty Twp. Stoddard, Mo.</u>			
21d. TIME (Month) (Day) (Year) (Hour) (Min.) OF INJURY <u>Dec. 9, 1952 5:15 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck collision</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:15 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Way W. Rainey</u> (Degree or title) <u>3</u> <u>Coroner</u>				23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>12-10-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-11-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bernie</u>		24d. LOCATION (City, town, or county) (State) <u>Bernie, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>12-30-52</u>		REGISTRAR'S SIGNATURE <u>Nelma V. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey, Dexter, Mo.</u>			

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

1030

JAN 19 1953
APR 9 1953

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. 3479

P. O. Address Wright, 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.