

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

139

State File No.

0061
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH JAN 28 1952 REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Central Township 0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barton Co. Hospital		d. STREET ADDRESS (If rural, give location) Route 1 Iantha	
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Murphey c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 29, 1892
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME George W. Murphey	
13b. MOTHER'S MAIDEN NAME Lizzie McConnell		14. NAME OF HUSBAND OR WIFE Eattie Murphey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarence Murphey		ADDRESS Iantha, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) to metastases to spine, etc. DUE TO (c) 177X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bed sores	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 Aug 19, 1952, to Jan 21, 1953, that I last saw the deceased alive on Jan 21, 1953 and that death occurred at 11:45 pm., from the causes and on the date stated above.			
23a. SIGNATURE H. M. Arnold M.D.		23b. ADDRESS Lamar, Missouri	
23c. DATE SIGNED 1-23-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-23-1953	
24c. NAME OF CEMETERY OR CREMATORY Iantha Cemetery		24d. LOCATION (City, town, or county) (State) Iantha, Missouri	
DATE REC'D BY LOCAL REG. JAN 23 1953		REGISTRAR'S SIGNATURE Marie Korantz 14-2	
25. FUNERAL DIRECTOR'S SIGNATURE Clarence M. Child		ADDRESS Iantha Mo	

MAR 16 1953

Mr. Ann

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 *Clarence M. Child*

Signed
Student Embalmer

Licensed Embalmer No. *3473*

P. O. Address *Lamar 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.