

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9030

State File No.

LED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 110

143
2

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

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|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Howard</u> | |
| b. CITY OR TOWN <u>Fulton</u> | c. LENGTH OF STAY (in this place) <u>99</u> | c. CITY OR TOWN <u>Jayette</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Home #1</u> | | e. STREET ADDRESS (If rural, give location) <u>County farm 0451</u> | |

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|-------------------------------------|------------------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOHN (PAT)</u> | b. (Middle) <u>ELZIE</u> | c. (Last) <u>MURPHY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 12 1953</u> |
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|-----------------|---------------------------|--|----------------------------|---|--|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>dk</u> | 8. DATE OF BIRTH <u>dk</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months Days Hours Min. |
|-----------------|---------------------------|--|----------------------------|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dk</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>dk</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>dk</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>dk</u> | 13b. MOTHER'S MAIDEN NAME <u>dk</u> | 14. NAME OF HUSBAND OR WIFE <u>dk</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or service) <u>dk</u> | 16. SOCIAL SECURITY NO. <u>dk</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>How Records Shop Fulton</u> |
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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, asphyxia, 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) <u>arteriosclerotic heart disease</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. <u>hypo pneumonia</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 3-4, 1953, to 3-12, 1953, that I last saw the deceased alive on 3-12, 1953, and that death occurred at 4:45 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>S.S. Woraich M.D.</u> | 23b. ADDRESS <u>State Home Fulton Mo</u> | 23c. DATE SIGNED <u>3-12-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 15, 53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Perche</u> | 24d. LOCATION (City, town, or county) (State) <u>Boone Co. Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Mar. 14-1953</u> | (REGISTRAR'S SIGNATURE) <u>Maretha Lawrence</u> <u>426-0</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glen Y. Maupin Fulton Mo</u> |
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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.....
Signature of Student Embalmer

Signed *J. J. Ross*.....
Licensed Embalmer No. *2535*

P. O. Address *Butler*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.