

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9543

State File No. _____

FILED APR 10 1953

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 64

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Grundy</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> <u>0402</u> | |
| c. LENGTH OF STAY (in this place) <u>6 months</u> | | d. STREET ADDRESS (If rural, give location) <u>812 Grant</u> <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Murphey Nursing Home</u> | | | |

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| 3. NAME OF DECEASED a. (First) <u>Edna</u> b. (Middle) <u>D.</u> c. (Last) <u>Murphey</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1953</u> | | |
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| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>July 11 1871</u> | | 9. AGE (in years last birthday) <u>81</u> | | 10. UNDER 1 YEAR Days <u>23</u> | | 11. UNDER 1 MIN. Hours <u>1</u> | |
|----------------------|--|-------------------------------|--|---|--|--------------------------------------|--|---|--|---------------------------------|--|---------------------------------|--|

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| 10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Housewife</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy County Missouri</u> | | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | |
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| 13a. FATHER'S NAME <u>Albert Dunlap</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Tannehill</u> | | | 14. NAME OF HUSBAND OR WIFE <u>James Emmet Murphey</u> | | |
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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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R.E. Meran Waverly, Iowa</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331x</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 checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
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22. I hereby certify that I attended the deceased from July 1, 1952, to Apr 4, 1953, that I last saw the deceased alive on Apr 3, 1953, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>E. J. Robertson</u> (Degree or title) | | 23b. ADDRESS <u>W. Keaton Mo</u> | | 23c. DATE SIGNED <u>4-4-53</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4/5/1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Rural Pol. Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Trenton Mo</u> | |
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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>4-5-53</u> | | REGISTRAR'S SIGNATURE <u>J. J. Davis</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Robertson/Funeral Home Concord</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0402
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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 _____

Licensed Embalmer No. 4388

P. O. Address Laredo

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.