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FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16753

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sikeston, Mo</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>R.F.D. #3 Sikeston, Mo</b>		d. STREET ADDRESS (If rural, give location) <b>0720</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo Delta Comm Hoapt</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Donald</b> b. (Middle) <b>Wilburn</b> c. (Last) <b>Murphy</b>			4. DATE OF DEATH (Month) <b>4</b> (Day) <b>14</b> (Year) <b>1953</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>0</b>	8. DATE OF BIRTH <b>10/7/48</b>
9. AGE (In years last birthday) <b>4</b>	# UNDER 1 YEAR <b>6</b>	YEAR <b>7</b>	# UNDER 1 MIN. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby Boy</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John W Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Joyce Yates</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John W Murphy R#3 Sikeston Mo</b> ADDRESS _____
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Basilar Skull Fracture</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hr.</b>  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. <b>Fracture, humerus, R. Fracture, femur, R.</b> <b>1 1/2 hr.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>072</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Mad.</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>New Madrid Co.</b> (COUNTY) <b>Scott</b> (STATE) <b>Mo.</b>	
21d. TIME OF INJURY (Month) <b>4</b> (Day) <b>14</b> (Year) <b>53</b> (Hour) <b>6:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Hit by auto.</b>	
22. I hereby certify that I attended the deceased from <b>4. 14</b> , 19 <b>53</b> , to <b>4. 14</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>4. 14</b> , 19 <b>53</b> , and that death occurred at <b>8. P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>William J. Ferguson, MD.</b> (Degree or title)		23b. ADDRESS <b>Sikeston, Mo.</b>	23c. DATE SIGNED <b>4.22.53.</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/18/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Sikeston Mo</b>
DATE RECD BY LOCAL REG. <b>4-23-53</b>	REGISTRAR'S SIGNATURE <b>Mrs. Calla Hunter</b>	25. COUNTY DIRECTOR'S SIGNATURE <b>Mary Jones</b> ADDRESS <b>Mo</b>	

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

RECEIVED APR 27 1953

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 453-97

**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

*John Allerton*

Licensed Embalmer No. 2941

P. O. Address Keaton

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.