

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18185

State File No.

2369

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Massac</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Kansas City</u> | | c. CITY OR TOWN <u>Cairo, Ill.</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | e. STREET ADDRESS (If rural, give location) <u>1510 Admiral</u> | <u>8130</u> |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Helena</u> | b. (Middle) <u>C.</u> | c. (Last) <u>Murphy</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 4 53</u> |
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| 5. SEX <u>Fe!</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u> | 8. DATE OF BIRTH <u>SEPT 17, 1885</u> | 9. AGE (In years last birthday) <u>67</u> | IF UNDER 1 YEAR Months | IF UNDER 4 HRS. Days | Hours | Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STERILIZER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>MEDICAL Hosp.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>CAIRO, Ill. 1</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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| 13a. FATHER'S NAME <u>JAMES COLEMAN</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>NEIL MURPHY</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>494-09-176</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. W. J. GRAMAR</u> | ADDRESS <u>5711 Chestnut K.C. MO.</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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis type undetermined</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4-22</u> |
| | ANTECEDENT CAUSES 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>Anasarca-pulmonary infarction-renal infarcts-Meningioma</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" 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) (m.) | 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 March 9, 1953, to May 4, 1953, that I last saw the deceased alive on May 4, 1953, and that death occurred at 7:15P m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>B. I. Burns, M.D.</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>24th & Cherry</u> | 23c. DATE SIGNED <u>5-5-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>5-7-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>—</u> | 24d. LOCATION (City, town, or county) (State) <u>CAIRO Ill.</u> |
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| DATE REC'D BY LOCAL REG <u>5-7-53</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGILLEY-EYAR</u> | ADDRESS <u>K.C. MO.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. W. H. ...

1918

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 *Melvin Barton*.....

Licensed Embalmer No. *4903*

P. O. Address *K.C. 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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.