

STANDARD CERTIFICATE OF DEATH

22193

M. Murphy
BIRTH DATE **JUL 9 - 1953**

REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **209** Registrar's No. **237**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death, or place of institution) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Oakwood	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) 3601 Market Street	

3. NAME OF DECEASED (Type or Print) a. (First) Jackie b. (Middle) Leonard c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) 6-25-1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 12/9/1933	9. AGE (In years last birthday) 19	IF UNDER 1 YEAR Months 6 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apprentice Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Stephen Laundry		11. BIRTHPLACE (City and State or Foreign Country) Palmyra, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Arvil Johnson		13b. MOTHER'S MAIDEN NAME Ruby Kelly		14. NAME OF HUSBAND OR WIFE - - - -	
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. - - - -		17. INFORMANT'S SIGNATURE OR NAME Arvil Johnson	
				ADDRESS 3601 Market St., Oakwood, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Sarcoma Lung/Bladder 3 months		
	DUE TO (c) Sarcoma Left Tibia (Amputation of leg)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1/14/52	19b. MAJOR FINDINGS OF OPERATION Sarcoma of left tibia		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 1/6/52, 1952, to 6/25/53, 1953, that I last saw the deceased alive on 6/25, 1953, and that death occurred at P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>R. J. Murphy</i>		(Degree or title) MD	23b. ADDRESS Hannibal, Mo.	23c. DATE SIGNED 6/27/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-1-53	24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Pk	24d. LOCATION (City, town, or county) (State) Hannibal, Mo.	

DATE REC'D BY LOCAL REG 6-29-53	REGISTRAR'S SIGNATURE <i>Dr. E. M. Lucke</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Michael J. O'Connell</i>	ADDRESS Hannibal Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 8 1953
MARION CO. HEALTH DEPT.
DATE FILED JUL 8 1953

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 Michael J. O'Donnell

Licensed Embalmer No. 3244

P. O. Address Hannibal 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.