

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24037

State File No. _____

Registrar's No. 303

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

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| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>0124</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>700 North D St.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Hettie</u> b. (Middle) <u>Dora</u> c. (Last) <u>Murphy</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 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>Nov. 25, 1875</u> | 9. AGE (In years last birthday) <u>77</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>17</u> | IF UNDER 12 HRS. Hours <u></u> Mins. <u></u> |
|----------------------|-------------------------------|---|---------------------------------------|---|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Arlington, Ky, 1</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Will Stearman</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Trevathen</u> | 14. NAME OF HUSBAND OR WIFE <u>T.A. 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. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Murphy Poplar Bluff Mo</u> | ADDRESS _____ |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</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>Hypertension Heart Disease</u> | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) _____ | 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 July 1, 1953, to July 12, 1953, that I last saw the deceased alive on July 12, 1953, and that death occurred at 3:55 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>W. C. Crookerson M.D.</u> | 23b. ADDRESS <u>321 Oak Poplar Bluff Mo</u> | 23c. DATE SIGNED <u>19 July 53</u> |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-14-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u> | 24d. LOCATION (City, town, & county) (State) <u>Poplar Bluff, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7/20/53</u> | REGISTRAR'S SIGNATURE <u>W. N. Mueller</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u> | ADDRESS <u>Poplar Bluff, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. 10. 48

FILED JUL 29 1953

RECEIVED

JUL 27 1953

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 7th St
Spartan Bluff

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.