

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

0502

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

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>FESTUS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FESTUS</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>120 A SOUTH MILL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LLOYD</u> b. (Middle) <u>MICHAEL</u> c. (Last) <u>MURPHY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 6, 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>JAN. 23, 1952</u>		9. AGE (In years last birthday) <u>1</u> Months <u>6</u> Days <u>14</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	
11. BIRTHPLACE (State or foreign country) <u>IRONTON, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>ARLEN L. MURPHY</u>		13b. MOTHER'S MAIDEN NAME <u>ELEANOR WRAY</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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. A. L. MURPHY, FESTUS, Mo.</u>	

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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3-4 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) _____			
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>493X</u>		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) (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 Feb. 12, 1953 to August 6, 1953 that I last saw the deceased alive on August 6, 1953 and that death occurred at 8:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE B. D. Dornell, M.D. (Degree or title) 23b. ADDRESS Crystal City, Mo. 23c. DATE SIGNED 8-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE AUG 9, 1953 24c. NAME OF CEMETERY OR CREMATORY MARCUS MEMORIAL CEM FREDERICKTOWN, MO. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 8-8-53 REGISTRAR'S SIGNATURE Geotary R. Pollock FUNERAL DIRECTOR'S SIGNATURE Sam Najim, Fredericktown, Mo. ADDRESS

JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

DATE RECEIVED AUG 12 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.....

working under my personal supervision.

Student Embalmer No.....

Signed..... *James J. Sumnerford*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4744*.....

P. O. Address *Crystal City, 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.