No. 300
10-48

XC NONE
REG# 115652

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44789

BIRTH NO. FILED DEC 29 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3258

4000

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 9 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PETTIS
c. CITY OR TOWN: SEDALIA
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 210 NORTH WASHINGTON 0807

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): H.
c. (Last): MURPHY

4. DATE OF DEATH (Month) (Day) (Year): 12-19-53

5. SEX: MALE 2
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 5-9-14
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: SERVICE STATION
11. BIRTHPLACE (City and State or Foreign Country): BUNCETON, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: WALTER MURPHY
13b. MOTHER'S MAIDEN NAME: EULA RICHARDSON
14. NAME OF HUSBAND OR WIFE: JEWEL MURPHY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: VA HOSPITAL RECORDS, JEFF BRKS. ADDRESS: 23, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CEREBRAL HEMORRHAGE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ACCIDENTAL, AUTO ACCIDENT
DUE TO (c): UREMIA (SECONDARY TO DIAGNOSIS (a)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): UNKNOWN
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 010 (STATE): UNKNOWN
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): UNKNOWN m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: AUTO ACCIDENT

22. *I hereby certify that I attended the deceased from* 12-16, 1953, *to* 12-19, 1953, ~~[illegible]~~ *and that death occurred at* 8:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles H. Sparks, M.D. CHARLES H. SPARKS, M.D.
23b. ADDRESS: VET ADM HOSPITAL, JEFF. BRKS., MO.
23c. DATE SIGNED: 12-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12/22/53
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Annex
24d. LOCATION (City, town, or county) (State): Sedalia Mo.

DATE REC'D BY LOCAL REG.: 12/20/53
REGISTRAR'S SIGNATURE: Herbert B. Jonke, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: G. Wade Granberry ADDRESS: 4202 Finney

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 25 1954

FEB 4 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin E. Gre

Licensed Embalmer No. 44 2

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.