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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21815

State File No. 33

FILED JUL 12 1954

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 45-15 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan
c. LENGTH OF STAY (in this place): 75 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo. b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Milan 1050
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Elizabeth c. (Last) Murphy

4. DATE OF DEATH (Month) (Day) (Year): 6-30-54

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: 12-26-1871
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 6 Days 4 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Putman Co. Mo 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Geo. W. McCloud
13b. MOTHER'S MAIDEN NAME: Vina Letner
14. NAME OF HUSBAND OR WIFE: Albert T. Murphy Head

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ray Quigley ADDRESS: Milan-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): Senile changes — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis — 6 yrs.
DUE TO (c):

II. 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: 4500
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 195_, *to* 6-30, 1950, *that I last saw the deceased alive on* 6-29, 1954, *and that death occurred at* 1 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] DO
23b. ADDRESS: Milan
23c. DATE SIGNED: 7-2-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-2-54
24c. NAME OF CEMETERY OR CREMATORY: Oakwood Cem.
24d. LOCATION (City, town, or county) (State): Milan-Mo

DATE REC'D BY LOCAL REG.: 7-9-1954
REGISTRAR'S SIGNATURE: Mrs. H. B. Harris 320-0
25. FUNERAL DIRECTOR'S SIGNATURE: Schoenes Dwight Schoene
ADDRESS: Milan-Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Dwight Rehome

Licensed Embalmer No. 2667

P. O. Address Milan - 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.