

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1563**

FILED JAN 24 1955

BIRTH NO. _____		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 5618		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY Knox				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY KNOX			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN RURAL GREENSBURG		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL GREENSBURG TOWNSHIP 0		d. STREET ADDRESS (If rural, give location) 5 MI N.W. BARING Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) JOSEPH c. (Last) MURPHY			4. DATE OF DEATH (Month) (Day) (Year) Jan - 15 - 55				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH JAN. 6 - 1883		9. AGE (In years last birthday) 72	10. UNDER 1 YEAR 0	11. UNDER 6 Wks. 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME THOMAS MURPHY		13b. MOTHER'S MAIDEN NAME HELEN KEOUGH		14. NAME OF HUSBAND OR WIFE NONE			
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS THOMAS MURPHY BARING 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis. DUE TO (c) Arterial sclerosis 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		19b. MAJOR FINDINGS OF OPERATION 4-201				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) Greensburg, Knox, Mo			
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 not present at time of death alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURES (Degree or title) C. S. Deanda D.D. 2				23b. ADDRESS Baring, Mo		23c. DATE SIGNED 1/16/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 17 - 1955		24c. NAME OF CEMETERY OR CREMATORY St. Aloysius CEMETERY		24d. LOCATION (City, town, or county) (State) BARING Missouri	
DATE REC'D BY LOCAL REG. Jan. 19 - 55		REGISTRAR'S SIGNATURE Helle S. Humolt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Krieger Edina Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 1
1955

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

Paul C. Kriegshauser

Licensed Embalmer No. *4085*

P. O. Address *Edina, 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.