

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4093
Registrar's No. 50

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

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|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Callaway</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Randolph</u> | |
| b. CITY OR TOWN <u>Fulton</u> | c. LENGTH OF STAY (at this place) <u>594 days</u> | c. CITY OR TOWN <u>? Higbee</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital</u> | | STREET ADDRESS (If rural, give location) <u>0880</u> | |

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|---|----------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mark</u> b. (Middle) <u>R</u> c. (Last) <u>MURPHY</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-3-55</u> | | |
| 5. SEX <u>MO</u> | 6. COLOR OR RACE <u>WH</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>?</u> | 9. AGE (In years last birthday) <u>88</u> | IF UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>telegraph operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>?</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Mark Murphy</u> | | 13b. MOTHER'S MAIDEN NAME <u>?</u> | 14. NAME OF HUSBAND OR WIFE <u>Birdie Murphy</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>"</u> ADDRESS <u>Higbee</u> | | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>35 days</u> <u>30 years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular disease</u> | | |
| | DUE TO (c) | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 June 19 1954 to 3-3 1955, that I last saw the deceased on Jan 10 1955, and that death occurred at 11:52 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>M. S. Price</u> 426 | 23b. ADDRESS <u>Fulton Mo</u> | 23c. DATE SIGNED <u>3-3-55</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Mar. 5. 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Higbee cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Higbee Mo</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H S R Nelson</u> ADDRESS <u>Higbee</u> | |
| DATE REC'D BY LOCAL REG. <u>Mar. 3-1955</u> | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | |

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

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.....
Signature of Student Embalmer

Signed *H. S. P. Jensen*

Licensed Embalmer No. *3201*

P. O. Address *Higbee*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.