

FILED FEB 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5645

State File No.

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4352 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lilbourn</u>		c. CITY OR TOWN <u>Lilbourn</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		f. STREET ADDRESS (If rural, give location) <u>07200</u>	

3. NAME OF DECEASED a. (First) Thomas b. (Middle) Gregory c. (Last) Murphy 4. DATE OF DEATH (Month) (Day) (Year) February 10 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Oct. 1 1883 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 4 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensioner 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Brooklin, New York 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas J. Murphy 13b. MOTHER'S MAIDEN NAME Mary Ella Harding 14. NAME OF HUSBAND OR WIFE Margaret Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. 318-12-8042 17. INFORMANT'S SIGNATURE OR NAME Margaret Murphy-Lilbourn, Mo. ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Embolus

**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) _____ MEDICAL CERTIFICATION

ANTECEDENT CAUSES DUE TO (b) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____

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 4201 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOME 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) _____ 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 Sept. 18 1953, to 2-10, 1955 that I last saw the deceased alive on 2-10, 1955, and that death occurred at 1:30p m., from the causes and on the date stated above.

23a. SIGNATURE Dr. Claude H. Chastain, M.D. (Degree or title) 23b. ADDRESS Lilbourn, Mo. 23c. DATE SIGNED 2-10-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-13-55 24c. NAME OF CEMETERY OR CREMATORY Mounds Park Cem. 24d. LOCATION (City, town, or county) (State) Lilbourn, Missouri

DATE REC'D BY LOCAL REG. 2-13-55 REGISTRAR'S SIGNATURE H.I. Ponder Deputy 215-0 FUNDAL DIRECTOR'S SIGNATURE Ponder Funeral Home-Lilbourn, Mo. ADDRESS _____

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 *Homer L. Ponder*.....

Licensed Embalmer No. *336*.....

P. O. Address *Tillbourn*.....

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.