

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8858

State File No.

FILED APR 14 1955

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5768 Registrar's No. 21

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|--|--|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Mercer</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Harrison Twp</u> OR TOWN | | c. LENGTH OF STAY in this place <u>life</u> | c. CITY OR TOWN <u>Harrison Twp</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|------------------------|-------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Hade</u> | b. (Middle) | c. (Last) <u>Murphy</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-9-55</u> |
|-------------------------------------|------------------------|-------------|-------------------------|---|

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|--------------------|-------------------------------|---|------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>10-28-1874</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months Days | IF UNDER 48 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cainsville, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>John Murphy</u> | 13b. MOTHER'S MAIDEN NAME <u>Matilda Riley</u> | 14. NAME OF HUSBAND OR WIFE <u>Lillie Murphy</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lillie Murphy</u> | ADDRESS <u>Princeton, Mo</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary arterio sclerosis</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from March 23, 1955, to April 9, 1955, that I last saw the deceased alive on April 9, 1955, and that death occurred at 4:30P m., from the causes and on the date stated above.

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| 22a. SIGNATURE <u>Frank N. Zahut</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Princeton, Missouri</u> | 23c. DATE SIGNED <u>4-11-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>4-12-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Mercer Co., Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>4-11-55</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u> | ADDRESS <u>Princeton, Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1953

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 *Paul Taylor*

Licensed Embalmer No. *263*

P. O. Address *Amata*

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.