

FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18365

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5460 Registrar's No. 538

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give rural, city, twp OR TOWN Springfield, Mo. Clay Twp)		c. LENGTH OF STAY (In this place) 8 hours	c. CITY OR TOWN Springfield,
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 518E. Central	

3. NAME OF DECEASED (Type or Print) Bruce	a. (First)	b. (Middle) F.	c. (Last) Murphy	4. DATE OF DEATH (Month) (Day) (Year) June 20, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 15, 1896	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 5	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpentry	11. BIRTHPLACE (City and State or Foreign Country) Salsbury, South Carolina	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Murphy	13b. MOTHER'S MAIDEN NAME Josephine	14. NAME OF HUSBAND OR WIFE Inez Murphy
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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. UNK/known	17. INFORMANT'S SIGNATURE OR NAME Mrs. Inez Murphy	ADDRESS Springfield,
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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, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation by carbon monoxide gas DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 9731		INTERVAL BETWEEN ONSET AND DEATH Unknown
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 mi. E. Galloway, Mo. Clay Twp.	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Clay Twp. Greene Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 20, 1955, 12:00 PM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self inflicted
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12 Noon, from the causes and on the date stated above.

23a. SIGNATURE <i>Charles E. Schaff</i>	(Degree or title) 3	23b. ADDRESS 1136 St. Louis Springfield, Missouri	23c. DATE SIGNED 6/21/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 24, 1955	24c. NAME OF CEMETERY OR CREMATORY White Chapel	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 6-22-55	REGISTRAR'S SIGNATURE <i>John Williamson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Samuel Schaff 7. Rome, Mo.</i>	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0390

JUN 21 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 *L. Laahii Gorman*.....

Licensed Embalmer No. *317*.....

P. O. Address *Springfield*.....

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.