

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-48

FILED JUL 13 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4514 Registrar's No. 20

1050

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

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u> <u>1050</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>No street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Green City</u>			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Dumont</u> c. (Last) <u>Murphy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1955</u>
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>Dec. 9, 1871</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jessie Julian Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Arnold</u>	
14. NAME OF HUSBAND OR WIFE <u>Annie F. 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>Annie F. Murphy, Green City, Mo.</u>		ADDRESS	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>4201</u>	
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 <u>August 11, 1947</u> , to <u>July 4, 1955</u> , that I last saw the deceased alive on <u>July 4, 1955</u> , and that death occurred at <u>6:50 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Green City Mo</u>	
23c. DATE SIGNED <u>7/6/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Green City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/9/55</u>		REGISTRAR'S SIGNATURE <u>Agnes L. Page</u> <u>504</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Green City, Mo.</u>	

**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 \_\_\_\_\_

*Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.