

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDr. FARR
State File No. **21834**BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **200** Registrar's No. **658**

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, write RURAL and give town or township) SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 4 DAYS		e. STREET ADDRESS (If rural, give location) 438 E. ELM		0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) MAGGIE	b. (Middle)	c. (Last) MURPHY	(Month) JULY	(Day) 30	(Year) 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 19 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) NEW YORK		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME EDWARD HEFFERNAN		13b. MOTHER'S MAIDEN NAME MARY (UNKNOW)		14. NAME OF HUSBAND OR WIFE JAMES P. MURPHY (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAWRENCE SEIFERD CHICAGO, ILLINOIS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive - Arteriosclerosis			INTERVAL: BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Heart Disease		4 yrs.	
		DUE TO (c) Generalized Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		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 **9-6**, 19**49** to **7-30**, 19**55**, that I last saw the deceased alive on **7-30**, 19**55**, and that death occurred at **6 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. J. Darr, M.D.		23b. ADDRESS 609 Cherry, Springfield, Mo		23c. DATE SIGNED 7/31/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/3/55		24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY	
				24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	

DATE REC'D BY LOCAL REG. 8/2/55		REGISTRAR'S SIGNATURE Edith Akhmanji		SIGNATURE W. J. Darr		ADDRESS SPRINGFIELD, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 8 1955

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. M. Carr*

Licensed Embalmer No. 27

P. O. Address *Springfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.