

FILED AUG 9 - 1955

BIRTH NO.		REG. DIST. NO. 132	PRIMARY REG. DIST. NO. 3021	Registrar's No. 100
1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MO b. COUNTY HARRISON		
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. LENGTH OF STAY (in this place) 2 hours	c. CITY OR TOWN R.F.D. Brinson	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Gullees Hospital		e. STREET ADDRESS (If rural, give location) Route 1 8410		
3. NAME OF DECEASED (Type or Print) a. (First) Rex		b. (Middle) GARLAND	c. (Last) MURPHY	4. DATE OF DEATH (Month) (Day) (Year) Aug 1 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 9 1903	9. AGE (In years last birthday) (Months) (Days) (If under 1 year) (If under 12 hrs.) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) HARRISON Co. MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Murphy		13b. MOTHER'S MAIDEN NAME Nettie E. Stanley	14. NAME OF WIFE OR WIFE Doris Tenhulze Murphy	
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. No	17. INFORMANT'S SIGNATURE OR NAME Doris Murphy	
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) Internal injuries - Due to accidental turning over a tractor which he was operating		INTERVAL BETWEEN ONSET AND DEATH About 3 1/2 hrs
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) operating		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9121		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home Farm Harrison Co. Mo	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Four miles north of Melbourne Mo	
21d. TIME OF INJURY (Month) (Day) (Year) Aug - 1 - 1955		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tractor which he was operating over turned	
22. I hereby certify that I attended the deceased from Aug 1, 1955, to Aug 1, 1955, that I last saw the deceased alive on Aug 1, 1955, and that death occurred at 12:30 P. M., from the causes and on the date stated above.				
23a. SIGNATURE G. H. Cullers		(Degree or title) M.D.	23b. ADDRESS Trenton, Mo.	23c. DATE SIGNED 8-2-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Springy Chapel Cemetery	24d. LOCATION (City, town, or county) (State) R.F.D. Brinson, Mo
DATE REC'D BY LOCAL REG. 8-3-55		REGISTRAR'S SIGNATURE Gene Jaw		25. FUNERAL DIRECTOR'S SIGNATURE Davis - Blackmore
				ADDRESS Trenton, Mo.

Dr. Cullers. 115-0 (Licensed Embalmer's Statement on Reverse Side)

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

AUG 9 1958

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 Gordon Blackmer

Licensed Embalmer No. 46

P. O. Address 1 Renton

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.