

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH25536
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>341</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Cape Girardeau</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		a. STATE <u>Illinois</u>		b. COUNTY <u>Pulaski</u>	
c. LENGTH OF STAY (In this place) <u>7-DYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #1, Mounds</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Missouri Hosp.</u>				8. DATE OF BIRTH <u>Oct. 1, 1892</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>---</u>		c. (Last) <u>Murphy</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5, 1955</u>				9. AGE (In years last birthday) <u>62</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		10. AGE (In years last birthday) <u>62</u>	
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 <u>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Sun Flower Co., Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Lula Sherley</u>		14. NAME OF HUSBAND OR WIFE <u>Zella Murphy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-12-3610</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Julia Joiner, 2312 Colts St., St. Louis, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic uraemia.</u>		ANTECEDENT CAUSES DUE TO (b) <u>Prostatic obstruction.</u>				?	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>610 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>8-30</u> , 19 <u>55</u> , to <u>9-5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9-5</u> , 19 <u>55</u> , and that death occurred at <u>2:10 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul B. ...</u>				23b. ADDRESS <u>Cape Girardeau, Missouri</u>		23c. DATE SIGNED <u>9-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 9, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thistlewood</u>		24d. LOCATION (City, town, or county) (State) <u>Mounds, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>9-9-55</u>		REGISTRAR'S SIGNATURE <u>C. C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward H. Coffin</u>		ADDRESS <u>Cairo, Illinois</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1 1935

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 *Edward A. Ruffin*

Illinois licensed Embalmer No. 7246

P. O. Address Cairo, Illinois

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.