

FILED OCT 8¹⁰ - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. J. W. 29489
State File No.

BIRTH NO.		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>856</u>
1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY SHANNON		
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place) 5 MO.	c. CITY OR TOWN EMINENCE	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MERCY INFIRMARY		e. STREET ADDRESS (If rural, give location) 1010		
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET		b. (Middle)	c. (Last) MURPHY	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 29 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 14	9. AGE (In years last birthday) 88
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) MARIETTA, OHIO	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William McGetchy		13b. MOTHER'S MAIDEN NAME Mary Stupe	14. NAME OF HUSBAND OR WIFE O.C. MURPHY (DECEASE D)	
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 ADDRESS ROY V. HUGHES WICHITA, KAN.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sansality ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Malignancy of the Pankr - origin & type not determined		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION hr		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)	
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>July 19 1955</u> , to <u>Sept 29 1955</u> , that I last saw the deceased alive on <u> </u> , 19 <u>55</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE John William J. Mc... Springfield Mo		23b. ADDRESS		23c. DATE SIGNED 10-1-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/1/55	24c. NAME OF CEMETERY OR CREMATOR Maple Park Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.	
DATE REC'D BY LOCAL REG. 10-3-55	REGISTRAR'S SIGNATURE Edith Williamson	25. EMBALMER'S SIGNATURE ADDRESS SPRINGFIELD, MO.		

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

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 *Lucian J. Qually*.....

Licensed Embalmer No. *4876*.....

P. O. Address *Spring*.....

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.