

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41737

State File No. ....

FILED JAN 4 - 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 384

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN <u>FARMINGTON</u>		c. CITY OR TOWN <u>FARMINGTON</u>	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) <u>LIFETIME</u>		e. STREET ADDRESS (If rural, give location) <u>18 NORTH MAIN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>18 North Main</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ADA</u>	b. (Middle)	c. (Last) <u>MURPHY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 26, 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>APR. 28, 1868</u>	9. AGE (In years, last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>FARMINGTON, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GEORGE BAKER</u>	13b. MOTHER'S MAIDEN NAME <u>JANE HORN</u>	14. NAME OF HUSBAND OR WIFE <u>LEWIS MURPHY</u>
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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>MISS DAISY BAKER</u>	ADDRESS <u>18, North Main</u>
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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 <u>Farmington, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio-Vascular Disease</u> DUE TO (c) <u>443x</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec 1953, to 12-26, 1955, that I last saw the deceased alive on 12-26, 1955, and that death occurred at 2:55P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Conleton, M.D.</u>	23b. ADDRESS <u>Farmington, Mo.</u>	23c. DATE SIGNED <u>12-27-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec. 29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonic "C" CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 27, 1955</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>COZEAN FUNERAL HOME, FARMINGTON, MO.</u>	ADDRESS
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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..... *C. A. Cozear*  
Licensed Embalmer No. *40*  
P. O. Address *San Diego*

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.