

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **28005**

BIRTH NO. _____		REG. DIST. NO. 314		PRIMARY REG. DIST. NO. 6058		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY St. Clair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ...a. STATE Missouri b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural - Lowry City		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Rural - Lowry City		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 Chalk Level Township				e. STREET ADDRESS (If rural, give location) Chalk Level Township			
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) E. c. (Last) Murphey			4. DATE OF DEATH (Month) (Day) (Year) Aug; 6, 1956				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr; 21, 1885		9. AGE (In years by birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Johnson City Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William A. Murphey		13b. MOTHER'S MAIDEN NAME Angie Potts		14. NAME OF HUSBAND OR WIFE Lula Murphey			
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. _____		17. INFORMANT'S SIGNATURE OR NAME Lula Murphy ADDRESS Lowry City Mo;			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 7 days	
	ANTECEDENT CAUSES As for 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 Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x				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) (Min.)		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 30 Jul, 1956 , to 6 Aug, 1956 , that I last saw the deceased alive on 5 Aug, 1956 , and that death occurred at 1:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. E. [Signature] (Name or title)				23b. ADDRESS Appleton City		23c. DATE SIGNED 8 Aug 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/9/56	24c. NAME OF CEMETERY OR CREMATORY Kidds Chapel		24d. LOCATION (City, town, or county) (State) Appleton City Mo		
DATE REC'D BY LOCAL REG. 8-18-56		REGISTRAR'S SIGNATURE Keith Beavers		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]			

(Licensed Embalmer's Statement on Reverse Side)

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 *Paul J. [Signature]*.....

Licensed Embalmer No. *399*.....

P. O. Address *Osceola, Mo.*.....

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.