

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33874

STATE FILE NUMBER

318

1003

8101

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill</u> b. COUNTY <u>MURPHYSBORO</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MURPHYSBORO Ill</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo Pacific Hosp</u>			Length of stay in lb <u>40</u>		d. STREET ADDRESS (If outside, give location) <u>2032 Elm St</u>
4. DATE OF DEATH Month <u>8</u> Day <u>28</u> Year <u>57</u>			4. DATE OF DEATH Month <u>8</u> Day <u>28</u> Year <u>57</u>		
3. NAME OF DECEASED (Type or print) First <u>MURRAY</u> Middle <u>M</u> Last <u>MIFFLIN</u>		4. DATE OF DEATH Month <u>8</u> Day <u>28</u> Year <u>57</u>		4. DATE OF DEATH Month <u>8</u> Day <u>28</u> Year <u>57</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4-13-1883</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Engineer</u>		11. BIRTHPLACE (City and state or country) <u>Jackson County, Ill</u>	
13. FATHER'S NAME <u>Jefferson Mifflin</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Jones</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT Address <u>Nellie Mifflin Murphysboro Ill</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the Lung</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>163x</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>8-26-57</u> to <u>8-28-57</u> and last saw <sup>her</sup> him alive on <u>8-27-57</u> . Death occurred at <u>8:30 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Benjamin H. Hoppe, M.D.</u>		22b. ADDRESS <u>Two Pac. Hsp. Bldg. - St. Louis</u>		22c. DATE SIGNED <u>Aug. 25, 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>8-28-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	
				23d. LOCATION (City, town, or county) (State) <u>Ava Illinois</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Albert H. Hoppe 4700 Washington</u>			25. DATE RECD. BY LOCAL REG. <u>AUG 29 57</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>

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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.....  
*Robert M. Murr*

3749  
Licensed Embalmer No.....

P. O. Address.....  
*St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.