

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in reporting symptoms and causes of death. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006919
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 316 Primary Registration District No. 306.1 Registrar's No. 83

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 (If outside corporate limits, give TOWNSHIP only) Inside Limits TOWN <u>Flat River</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Flat River</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b		d. STREET ADDRESS <u>303 Bryan St.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JOHN ALBERT MURPHY</u>			4. DATE OF DEATH <u>Feb-23, 1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 28, 1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Tinner</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
11. BIRTHPLACE (City and state or country) <u>Ste. Genevieve Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>John Alvin Murphy</u>		14. MOTHER'S MAIDEN NAME <u>Nancy McClintock</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes War # 1</u>		16. SOCIAL SECURITY NO. 17. INFORMANT Address <u>Helen Murphy Flat River, Mo.</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>arterio-sclerotic Heart Disease</u> <u>Old Hemiplegia right.</u> <u>Diabetes Mellitus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u> <u>and years</u> <u>Several years</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 type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
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.) <u>260X</u>	
20c. TIME OF INJURY Hour - Month, Day, Year 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>6-13-52</u> to <u>2/23/58</u> and last saw ^{him} alive on <u>2/23/57</u> Death occurred at <u>Feb. 23, 1958 1:15 am</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul J. Jones M.D.</u>		22b. ADDRESS <u>Flat River Mo.</u>	
		22c. DATE SIGNED <u>2-23-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb 25, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>K.P. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Murphy L. Sparks Flat River, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 23, 1958</u>	
		26. REGISTRAR'S SIGNATURE <u>C Esther Rudloff</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 20 1958

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 *Murphy L. Sparks*
Licensed Embalmer No. *432*
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.