

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022750
STATE FILE NUMBER

FILED JUN 27 1958 Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <i>Missouri</i>		2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Stewart</i>	
b. CITY OR TOWN <i>Caruthersville</i>		c. CITY OR TOWN <i>Caruthersville</i>	
FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		d. STREET ADDRESS (If outside, give location) <i>611 E. 15th St</i>	

3. NAME OF DECEASED (Type or print) First <i>Ada</i> Middle <i>MURPHY</i> Last <i>MURPHY</i>			4. DATE OF DEATH Month <i>6</i> Day <i>20</i> Year <i>58</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-9-1892</i>	9. AGE (In years last birthday) <i>66</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>11</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life) <i>Public School Teacher</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Public School</i>	11. BIRTHPLACE (City and state or country) <i>Cottonwood, Pa. MO</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Edmond Hickman</i>	13b. MOTHER'S M maiden name <i>Molly Brewer</i>	14. NAME OF HUSBAND OR WIFE <i></i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT <i>Edmond Brodie</i> Address <i>Caruthersville MO</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Adenocarcinoma of ovary</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 mos.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i></i>	1750
	DUE TO (c) <i></i>	
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"/>

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.) <i></i>
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20c. TIME OF INJURY Hour <i></i> Month <i></i> Day <i></i> Year <i></i> a.m. <i></i> p.m. <i></i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i></i>	20f. CITY, TOWN, OR LOCATION <i></i> COUNTY <i></i> STATE <i></i>
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21. I attended the deceased from <i>June 1958</i> to <i>June 20, 1958</i> and I saw her alive on <i>June 19, 1958</i> Death occurred at <i>9:50 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>D. W. Cook M.D.</i> (Degree or title)	22b. ADDRESS <i>Caruthersville, MO</i>	22c. DATE SIGNED <i>6-24-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>6-23-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Needmore</i>	23d. LOCATION (City, town, or county) (State) <i>R. 1. Caruthersville MO.</i>
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24. FUNERAL DIRECTOR <i>J. Smith</i> ADDRESS <i>Hayth MO</i>	25. DATE RECD. BY LOCAL REG. <i>June 24, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Jessie B. Welke</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

6-191-58

8961 2. 700

JUN 26 1959

DEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Tom Vild*

Licensed Embalmer No. *2623*

P. O. Address *Caruthersville 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.