

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022854
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 277 Primary Registration District No. 441 Registrar's No. 39

5. 300
1-57
4

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bowling Green</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bowling Green</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>Pike County Home</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>0820 0</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Edward D. Dunphy</u>			4. DATE OF DEATH Month Day Year <u>June 20 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. 10 1877</u>		9. AGE (In years last birthday) <u>81</u> FUNDERS YEAR <u>5</u> IF UNDER 24 HRS. Days <u>10</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Edward Dunphy</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Cannon</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>None known</u>		16. SOCIAL SECURITY NO. <u>Yes</u>	17. INFORMANT Address <u>Mrs. Wilson Rest Home Bowling Green 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>Nemia</u> DUE TO (b) <u>Chronic Pancreatitis</u> DUE TO (c) <u>611X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>yes</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"/>

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 Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>1955</u> to <u>6-30-58</u> and last saw ^{her} _{him} alive on <u>6-19-58</u> Death occurred at <u>6 A.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>T.M. Mathews M.D.</u>	22b. ADDRESS <u>Bowling Green Mo</u>	22c. DATE SIGNED <u>6-21-58</u>

23a. BURIAL, CREMATION, REBURYAL (Specify) <u>Burial</u>	23b. DATE <u>June 23 1958</u>	23c. NAME OF CEMETERY OR BURYATORY <u>Bowling Green</u>	23d. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>
24. FUNERAL DIRECTOR <u>Grace Bankhead</u> ADDRESS <u>Bowling Green Mo</u>	25. DATE RECD. BY LOCAL REG. <u>6-28-58</u>	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

540

JUL 29 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 *Harold Kirke*

Licensed Embalmer No. *4597*....

P. O. Address *Bowling*

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.