. Health,
& Welfare
Public
Service
102
S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025235
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY Grundy
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Trenton — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1813 Lulu St — Length of stay in Hospital: 2 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Grundy
c. CITY OR TOWN Trenton 0402 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1813 Lulu St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Artensa Middle Last Murphy

4. DATE OF DEATH Month Aug Day 2 Year 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH Dec. 30, 1870

9. AGE (In years on last birthday) 87 — 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home making

11. BIRTHPLACE (City and state or country) Alpha, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME R.V. Kennedy

13b. MOTHER'S MAIDEN NAME Malinda Booker

14. NAME OF HUSBAND OR WIFE Wm. T. Murphy (dec)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs. Ira D. May, Trenton, Mo.

MEDICAL CERTIFICATION — USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac - Vascular - Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ **NOT WHILE AT WORK** ☐

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 Aug 1st 1958 to Aug 2d 1958 and last saw her/him alive on July 31st 1958
Death occurred at 9:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Oliver Duffy (Degree or title) MD

22b. ADDRESS Trenton Mo

22c. DATE SIGNED Aug 4th 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4 Aug 1958

23c. NAME OF CEMETERY OR CREMATORY Spickard Masonic

23d. LOCATION (City, town, or county) (State) Spickard, Missouri

24. FUNERAL DIRECTOR J. Gordon Blackmore, Trenton — **ADDRESS**

25. DATE RECD. BY LOCAL REG. 8-4-58

26. REGISTRAR'S SIGNATURE Irene Farr

(Licensed Embalmer's Statement on Reverse Side)

O.A. Duffy

All diseases in Part I must be causally related.

AUG 1 3 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 Claude H Crandall Jr

Licensed Embalmer No. 4986

P. O. Address Funtown, Me

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.