

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028840  
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 802

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b> <sup>0346</sup>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>828 W. Talmage</b>		d. STREET ADDRESS (If outside, give location) <b>828 W. Talmage</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Walter Henry Murphy</b>		4. DATE OF DEATH Month Day Year <b>August 14, 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>9 June 1887</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Barber</b>	11. BIRTHPLACE (City and state or country) <b>Indiana</b>
13a. FATHER'S NAME <b>Ocelo Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Martha ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give year or dates of service) <b>No No</b>		17. INFORMANT Address <b>Kate Murphy Springfield, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Intestinal obstruction probably secondary to Carcinoma of Colon</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 Week.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>1538</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <b>8-8-58</b> to <b>8-14-58</b> and last saw her alive on <b>Aug 12 1958</b> Death occurred at <b>5:00</b> A. m on the date stated above; and to the best of my knowledge, with the causes stated.			
22a. SIGNATURE (Degree or title) <b>J. Newton Watanabe MD</b>		22b. ADDRESS <b>Springfield, Missouri</b>	
22c. DATE SIGNED <b>8-19-58</b>			
23a. BURIAL, CREMATION, REPOSAL (Specify) <b>Burial</b>	23b. DATE <b>8-19-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>	23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>J.W. Klingner &amp; Co. Spgrd. Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-19-58</b>	
26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

AUG 25 1958

Greene

Illinois

Greene

X

Springfield

X

Springfield

X

828 W. Talmer

828 W. Talmer

August 15, 1958

Murphy

Henry

Walter

VI

June 1887

XX

White

White

USA

Indiana

Barber

Barber

State of Illinois

1

Barber

Ogden Murphy

Springfield, Mo.

480-36-8360 State of Illinois

10

10

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

*Ogden Slone Jr*

92-11-26

Licensed Embalmer No. 4176

P. O. Address Springfield

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.

Butler

Springfield