Health, & Welfare Public Service

5. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-030790
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8107

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE New Mexico b. COUNTY
b. CITY OR TOWN St. Louis, Missouri — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Albuquerque 8 300 8 — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. — Length of stay in Ib 0	d. STREET ADDRESS 436 Fontana Pl. (If outside, give location) — Reside on Farm Yes ☐ No ☐

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3. NAME OF DECEASED (Type or print) First: Kathryn — Middle: — Last: Murphy			4. DATE OF DEATH Month Day Year: Aug. 20, 1958
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Oct. 6, 1889
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR Months: 10 Days: 14 — IF UNDER 24 HRS. Hours: — Min.: —			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (City and state or country): Mexico, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Daniel Murphy	13b. MOTHER'S MAIDEN NAME: Mary Ann Higgins	14. NAME OF HUSBAND OR WIFE: —	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 525-94-6008	17. INFORMANT: Mrs. Otto J. Weinzirl Address: 5948 Maple	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bilateral Pneumonia with	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	fibro pericarditis	2 weeks
DUE TO (c)	Influenza & Pleural effusion	2 weeks

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 ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 480 x	
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 12, 1958 to — and last saw her alive on Aug 19th. Death occurred at 4:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Dominic J. Verda M.D. (Degree or title)	22b. ADDRESS: 4500 Olive	22c. DATE SIGNED: 8-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 8-22-58	23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cem.	23d. LOCATION (City, town, or county) (State): Nevada, Missouri
24. FUNERAL DIRECTOR: Chas. F. Stuart — ADDRESS: 1225 Union	25. DATE RECD. BY LOCAL REG.: AUG 20 58	26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. S.D.	

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 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 Elton R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address St. Louis 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.