

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038886
STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. _____ Primary Registration District No. 3006 Registrar's No. 543

1. PLACE OF DEATH <i>Missouri Univ. Medical Center</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>Boone County</i>		a. STATE <i>Missouri</i> b. COUNTY <i>Callaway</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Columbia</i>		c. CITY OR TOWN <i>Fulton</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri Univ. Medical Center</i>		d. STREET ADDRESS (If outside, give location) <i>726 Bluff</i>	
3. NAME OF DECEASED First Middle Last <i>JOHN DACATUR MURPHY</i>		4. DATE OF DEATH Month Day Year <i>Dec. 6 1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</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>Aug. 2, 1908</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>electrician</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>City</i>	11. BIRTHPLACE (City and state or country) <i>Owensville, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Benj. Franklin Murphy</i>	
13b. MOTHER'S MAIDEN NAME <i>Amelia Willbrite</i>		14. NAME OF HUSBAND OR WIFE <i>Mrs. Margaret Murphy</i>	
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. <i>492-09-4141</i>	
17. INFORMANT <i>Hospital record.</i>		Address	
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>THROMBOSIS, LEFT INTERNAL CAROTID AND MIDDLE CEREBRAL ARTERIES</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 WEEK</i>
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)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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 WORK <input type="checkbox"/> NOT WHILE 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 <i>12/5/58</i> to <i>12/6/58</i> and last saw ^{her} _{him} alive on <i>12/6/58</i> Death occurred at <i>1001 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. S. Sanders</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>University Med Center</i>	
22c. DATE SIGNED <i>12/6/58</i>			
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>12-6-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Gardens</i>		23d. LOCATION (City, town, or country) <i>Fulton Mo.</i> (State)	
24. FUNERAL DIRECTOR <i>Wallace Funeral Home</i> ADDRESS <i>Fulton, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Dec 6 1958</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs. R.E. Palmer</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part I must be causally related. All diseases in Part I must be causally related.

APR 15 1959

DEC 18 1958

JAN 5 1959

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 *Hector R. Masune*

Licensed Embalmer No. *4996*

P. O. Address *Fulton, 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.