

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044695

STATE FILE NUMBER

FILED JAN 5 1959 Registration District No. 163 Primary Registration District No. 55-93 Registrar's No. 82

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattin Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Festus 0500
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rose Hill Rest Home		Length of stay in lb 2 years	d. STREET ADDRESS (If outside, give location) Rte. # 2
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Mae Last Murphy			4. DATE OF DEATH Month Dec. Day 22, Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 11, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife (Ret)		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and state or country) Sparta, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew James Meredith		13b. MOTHER'S MAIDEN NAME Mary Beaver	14. NAME OF HUSBAND OR WIFE James C. Murphy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-26-0574	17. INFORMANT Mrs. Vernon Koeneker, Rte. # 3, Festus, Mo
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>Arteriosclerotic heart disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 4200
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 _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred at _____		20f. CITY, TOWN, OR LOCATION Festus, Mo.	
21. I attended the deceased from May, 1954, to Sept 17, 1958 and last saw her alive on Sept 17, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge from the causes stated.		22c. DATE SIGNED 12/24/58	
22a. SIGNATURE <u>Orlando Brown</u> (Degree or title)		22b. ADDRESS Festus, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Festus Presbyterian
24. FUNERAL DIRECTOR Vinyard Fun'l Homes, Inc., Festus, Mo.		23d. LOCATION (City, town, or county) Festus, Mo.	25. DATE RECD. BY LOCAL REG. Dec 27-1958
26. REGISTRAR'S SIGNATURE <u>Marie L. Harris</u>			

DATE RECEIVED
DEC 31 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

Heith B. Vinson

Licensed Embalmer No. 4976

P. O. Address Fresno, Ca

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.