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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

59-003311
State File No.

FILED FEB 3 1959 BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 2 545

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Desloge Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St.Louis 2029 0
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 4503a Rosa

**3. NAME OF DECEASED** (Type or Print)
a. (First) Murphy, b. (Middle) Frances Anna c. (Last)

**4. DATE OF DEATH** (Month) (Day) (Year): Jan.15,1959

**5. SEX**: F.
**6. COLOR OR RACE**: W.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 22,1891
**9. AGE** (In years last birthday): 67 — 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): Retired, Booker, Warner Bros.
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country): Honesdale,Pa.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: Joseph Cousins
**13b. MOTHER'S MAIDEN NAME**: Ann Heeney
**14. NAME OF HUSBAND OR WIFE**: Mr.Robert Murphy

**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.**: 488-03-5313
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mr.Robert Murphy,4503a Rosa Ave.

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Carcinomatosis | 3 mo |
| ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) | Ca of Caecum | 14 mos. |
| DUE TO (c) | Ca of Cervix | 5 yrs. |
| II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. | Hydrometer et tide | 1 mo. |

**19a. DATE OF OPERATION**: 1/15/58
**19b. MAJOR FINDINGS OF OPERATION**: Colectomy 171X
**20. AUTOPSY?** YES ☐ NO ☒ 2

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify)
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3/15, 1954 *to* 1/14, 1959, *that I last saw the deceased alive on* 1/14, 1959, *and that death occurred at* 8:00 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John J. Donnell
**23b. ADDRESS**: 508N Grand
**23c. DATE SIGNED**: 1/15/59

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Jan.17,1959
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary Cemetery
**24d. LOCATION** (City, town, or county) (State): St.Louis,Missouri

**DATE REC'D BY LOCAL REG.**: JAN 16 '59
**REGISTRAR'S SIGNATURE**: J. Earl Smith M.D. S.P.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Arthur S. Donnelly
**ADDRESS**: 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 469

P. O. Address 384 Lindl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.