

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006601

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No.

874

Primary Registration District No.

3052

Registrar's No.

83

1. PLACE OF DEATH a. COUNTY Pettis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Green Ridge		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Length of stay in lb 12 days	d. STREET ADDRESS R. F. D. # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Etta Middle Edith Last MURPHY			4. DATE OF DEATH Month March Day 2nd , Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 12, 1895	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 6 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook Supervisor		10b. KIND OF BUSINESS OR INDUSTRY School Cafeteria	11. BIRTHPLACE (City and state or country) Green Ridge Pettis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U S
13a. FATHER'S NAME Samuel A. Kendrick		13b. MOTHER'S MAIDEN NAME Elizabeth Hollembeck		14. NAME OF HUSBAND OR WIFE George T. 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. 495-40-3846		17. INFORMANT Address Miss Gale Kendrick RFD #1 Green Ridge, 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) Subarachnoid cerebral hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 15 days
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. DUE TO (b) _____ DUE TO (c) Hypertension					2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 330X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK 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 17 February '59 to 2 March 1959 and last saw her alive on 2 March 1959 Death occurred at 10:30 11:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Stanley S. Fisher M.D. (Degree or title)			22b. ADDRESS 500 West 16th Sedalia, Mo.		22c. DATE SIGNED 3 March 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 4, 1959	23c. NAME OF CEMETERY OR CREMATORY Green Ridge		23d. LOCATION (City, town, or county) Green Ridge, Mo. (State)	
24. FUNERAL DIRECTOR Glen E. Keck Funeral Home Green Ridge Mo.		25. DATE RECD. BY LOCAL REG. 3-4-1959	26. REGISTRAR'S SIGNATURE Frances Shelby		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health, Welfare, Public Service
Doctor, coroner, etc. must use only standard nomenclature in certifying cause of death. All diseases in Part I must be causally related.

OCT 30 1961

MS
FEB 10 1960

MAR 8 1961

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 *Glen E. Beck*

Licensed Embalmer No. *4063*

P. O. Address *Green Ridge*

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.