

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006668

STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. 28 Primary Registration District No. Registrar's No. 14

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Weston</u> <i>Weston</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Weston</u> <u>0830</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lee</u> <u>Murphy</u>			4. DATE OF DEATH Month Day Year <u>Feb. 19, 1959</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 4, 1863</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	9c. AGE (In years last birthday) <u>95</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>	10c. BIRTHPLACE (City and state or country) <u>Buchanan Co. Missouri</u>
11. BIRTHPLACE (City and state or country) <u>Buchanan Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Milton Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Christopher</u>	
14. NAME OF HUSBAND OR WIFE <u>Susan E. Clouser</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>C. C. Murphy Weston, Missouri</u>	
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>Cerebral thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>5 years</u>
DUE TO (c) <u>Senile degeneration</u>			<u>5 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of bladder</u>			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.) <u>XXXXXXXXXXXXXXXXXXXX</u>	
20c. TIME OF INJURY Hour Month, Day, Year g.m. <u>XXXXXXXXXX</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXXXXXXXX</u>	
20e. CITY, TOWN, OR LOCATION <u>Weston</u>		20f. COUNTY STATE <u>Platte Missouri</u>	
21. I attended the deceased from <u>February 18 1959</u> and last saw <sup>her</sup> <u>Feb. 19, 1959</u> alive on <u>Feb. 19, 1959</u> Death occurred at <u>2:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Lewis C. Calvert M.D.</u>		22b. ADDRESS <u>Weston Missouri</u>	
22c. DATE SIGNED <u>2/20/59.</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2-22-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	
23d. LOCATION (City, town, or county) <u>Weston, Missouri</u>		23e. REGISTRAR'S SIGNATURE <u>Uphie Rollins</u>	
24. FUNERAL DIRECTOR <u>Vaughn Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>2.22.1959</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Weston, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Uphie Rollins</u>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MS  
DEC 20 1966

MA  
REC  
PLATT  
HEAL  
By--  
21 22 23 24 25 26 27 28 29 30 31

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 *W. R. Vaughn*

Licensed Embalmer No. *4023*

P. O. Address *Weston, Ma*

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.