

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018226

STATE FILE NUMBER

FILED MAY 26 1959

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 78

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Jefferson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Jefferson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Festus		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Jefferson Memorial Hospital		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) R. R. 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last (Baby boy) Murphy			4. DATE OF DEATH Month Day Year 5 11 59		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-11-59		9. AGE (In years less birthday) IF UNDER 1 YEAR Months Days 1 4 IF UNDER 24 HRS Hours Mins 45
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME James Wilson Murphy		13b. MOTHER'S MAIDEN NAME Marguerite Hazel Kuhn	
14. NAME OF HUSBAND OR WIFE none		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. none	
17. INFORMANT Marguerite Murphy, 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) Respiratory distress due to partial and premature separation of placenta and prematurity DUE TO (b) 1 hour + 45 minutes DUE TO (c) 7615 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 1 hour + 45 minutes	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Festus, Mo.		20g. COUNTY Jefferson		20h. STATE Mo.	
21. I attended the deceased from Death occurred at May 11, 59 6:15 P. M. to May 11, 59 and last saw her alive on May 11, 59 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Design or title) Estelane Delgob, Jr.		22b. ADDRESS Festus, Mo.	
22c. DATE SIGNED 5-11-59		23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5-11-59	
23c. NAME OF CEMETERY OR CREMATORY Presbyterian cemetery		23d. LOCATION (City, town, or county) Festus		(State) Mo.	
24. FUNERAL DIRECTOR James R. Cady, Crystal City, Mo.		25. DATE RECD. BY LOCAL REG. 5-11-59		26. REGISTRAR'S SIGNATURE John G. Pugh	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

DATE RECEIVED
MAY 22 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 *Not embalmed*

Licensed Embalmer No.

P. O. Address

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.