

RI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-009440

FILED VS MAR 14 1960

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 55 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		c. CITY OR TOWN <u>Marshall-Nelson</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 <u>475 S. Brunswick</u>		d. STREET ADDRESS (If outside, give location) <u>475 S. Brunswick</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lizzie</u> Middle <u>Jane</u> Last <u>Murphy</u>	4. DATE OF DEATH Month <u>March</u> Day <u>4</u> Year <u>1960</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</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>Oct. 7, 70</u>	9. AGE (last birthday) <u>20</u> <u>89</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME (Unknown) <u><del>George Armstrong</del></u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Armstrong</u>	14. NAME OF HUSBAND OR SPOUSE <u>Walter Murphy</u>
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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. <u>none</u>	17. INFORMANT Address <u>Mrs. Myrtle Bynum, Marshall, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Myocardial Infarction</u>	<u>10 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Occlusion</u>	<u>10 min</u>
	DUE TO (c) <u>Arteriosclerosis Vas Disease</u>	<u>10 yr</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from Jan. 1957 to Mar 4, 1960 and last saw <sup>him</sup> alive on Mar 4, 1960  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <u>Dr. Campbell</u>	22b. ADDRESS <u>Marshall MO</u>	22c. DATE SIGNED <u>3-8-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/9/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Nelson, Missouri</u>	23d. LOCATION (City, town, or county) (State) <u>Nelson Saline County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Georgette Green</u> ADDRESS <u>Marshall Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-9-60</u>	26. REGISTRAR'S SIGNATURE <u>Cecil G. Read</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 19 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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Gayeth Green

Licensed Embalmer No. 47

P. O. Address Marsh

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