

DED

Registration District No. 27 Primary Registration District No. 300 Registrar's No. 73

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Butler</u>			Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Butler</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT Hospital, give location) HOSPITAL OR INSTITUTION <u>Butler Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>106 N Olive</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Miles</u> Last <u>McMurphy</u>				4. DATE OF DEATH Month <u>May</u> Day <u>29</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/23/1890</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired policeman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>City</u>		11. BIRTHPLACE (City and state or country) <u>Warrensburg Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Levi McMurphy</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Hicks</u>			14. NAME OF HUSBAND OR WIFE <u>Sudie McMurphy</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. <u> </u>		17. INFORMANT <u>Levi McMurphy-K C Mo.</u> Address <u> </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>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>Gen'l. arteriosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>2 yrs.</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"/> No <input type="checkbox"/> Unknown	
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>None</u>					
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year <u> </u>	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.) <u>Home</u>			20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u>		STATE <u> </u>
21. I attended the deceased from <u>1954</u> to <u>5/29/60</u> and last saw him alive on <u>5/29/60</u> . Death occurred at <u>12:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Douglas P. Rowland MD</u>				22b. ADDRESS <u>Butler Mo.</u>		22c. DATE SIGNED <u>5/31/60</u> (State)	
23a. BURIAL, CREMATION, or REMOVAL (specify) <u>Burial</u>		23b. DATE <u>5/31/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oakhill</u>		23d. LOCATION (City, town, or county) <u>Butler Mo</u>		
24. FUNERAL DIRECTOR <u>Culver Underwood-Butler Mo</u> ADDRESS <u> </u>				25. DATE RECD. BY LOCAL REG. <u>May 31-1960</u>		26. REGISTRAR'S SIGNATURE <u> </u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Robert G. Stenbeck

Licensed Embalmer No. 4657

P. O. Address Butte,

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.

Robert G. Stenbeck