

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-023919

FILED VS JUN 20 1960 *45*

Registration District No. *45* Primary Registration District No. *3047* Registrar's No. *58*

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived, or institution: Residence before admission) a. STATE Mo b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEOSHO	Length of stay in 1b 4 DA	c. CITY OR TOWN Stehba	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAHE MEM Hosp		d. STREET ADDRESS (If outside, give location) RT 2	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last VERDIE Matyhdia MURPHY			4. DATE OF DEATH Month Day Year 6-7-1960	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-6-1880	9. AGE (last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (City and state or country) McDonald Co, Mo	12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME NEWTON FINN BROOK	13b. MOTHER'S MAIDEN NAME HAUIDA BUBHARD	14. NAME OF HUSBAND OR WIFE VAUGHN 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. NONE	17. INFORMANT VAUGHN MURPHY

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)	Pneumonia, Broncho	6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Phlebitis of leg	3 wks
	DUE TO (c)	

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 checked="" type="checkbox"/> No <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.)
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	
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 COUNTY STATE

21: I attended the deceased from **April 2, 1960** to **June 7, 1960** and last saw her ^{her} _{last} alive on **June 7, 1960**
Death occurred at **3 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold C. Runtz MD	22b. ADDRESS Neosho Mo	22c. DATE SIGNED 6-13-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7-10-1960	23c. NAME OF CEMETERY OR CREMATORY UNION CEM	23d. LOCATION (City, town, or county) (State) STEBHA MO RT
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24. FUNERAL DIRECTOR Humphrey Son & Home	25. DATE RECD. BY LOCAL REG. 6-13-60	26. REGISTRAR'S SIGNATURE Melvin C. Bowman, MD
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(Licensed Embalmer's Statement on Reverse Side)

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 Mayne E. Humphreys

Licensed Embalmer No. 4262

P. O. Address Parisville

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.