

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-037304

FILED VS NOV 15 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 326

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b		c. CITY OR TOWN <u>Kirksville</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>801 Illinois</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>801 E. Illinois</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Elizabeth</u> Middle <u>Catherine</u> Last <u>Murphy</u>				4. DATE OF DEATH Month <u>November</u> Day <u>8</u> Year <u>1960</u>				
5. SEX <u>Female</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>11-29-1877</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>9</u> Hours <u></u> Min. <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>Houswife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>X X</u>		11. BIRTHPLACE (City and state or country) <u>Guysville, Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Alanson Buck</u>			13b. MOTHER'S MAIDEN NAME <u>Lavina Glazier</u>			14. NAME OF HUSBAND OR WIFE <u>Benjamin Murphy</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>None</u>		17. INFORMANT Address <u>Kirksville, Mo.</u> <u>Mrs. Charles Conkin - 801 E. Illinois</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>Carcinoma sigmoid colon & left uterus</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 year.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u>Cardio-vascular-renal disease</u>							5 years	
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.)						
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>								
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
21. I attended the deceased from <u>April 24, 1951</u> to <u>November 8, 1960</u> and last saw her <u>him</u> alive on <u>Nov 7, 1960</u> Death occurred at <u>4:30</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Howard E. Gross, D.O.</u> (Degree or title)				22b. ADDRESS <u>Kirksville, Mo.</u>			22c. DATE SIGNED <u>11-8-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>November 10, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>La Plata</u>		23d. LOCATION (City, town, or county) (State) <u>La Plata, Missouri</u>			
24. FUNERAL DIRECTOR <u>Dee Riley Funeral Home</u> ADDRESS <u>Kirksville, Mo</u>			25. DATE RECD. BY LOCAL REG. <u>11-9-1960</u>		26. REGISTRAR'S SIGNATURE <u>Doree W. Rathff</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

HOWARD E. GROSS, D.O.

MAY 9 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kipsanville

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.