

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043236

FILED VS DEC 7 1960

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 467

1. PLACE OF DEATH a. COUNTY <u>ST FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST FRANCOIS</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BONNE TERRE MO</u>		Length of stay in lb <u>2Wks.</u>		c. CITY OR TOWN <u>FARMINGTON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSP.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. #2</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>HELEN</u> Middle Last <u>MURPHY</u>				4. DATE OF DEATH Month <u>NOV.</u> Day <u>28</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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5/23/83</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE KEEPER</u>		11. BIRTHPLACE (City and state or country) <u>STE GENEVIEVE CO. MO. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>JOHN A MURPHY</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY McCLINTOCK</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT <u>MYRON WELCH FREDRICKTOWN MO,</u>			Address	
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>Arteriosclerotic Heart Disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Month Ago</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Senility</u>									
DUE TO (c) <u>Pneumonia</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 checked="" 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 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 <u>1958</u> to <u>November 28, 1960</u> and last saw her alive on <u>November 28, 1960</u>				Death occurred at <u>6:00 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R.A. Huckstep M.D.</u> (Degree or title)				22b. ADDRESS <u>Farmington, MO</u>			22c. DATE SIGNED <u>11/29/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11/30/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>K OF P.</u>		23d. LOCATION (City, town, or county) <u>FARMINGTON MO</u>			(State)	
24. FUNERAL DIRECTOR <u>C.H. COZEAN FARMINGTON MO.</u>				25. DATE RECD. BY LOCAL REG. <u>Nov. 29, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</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 Ch. Hogan

Licensed Embalmer No. 40

P. O. Address Farmington

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.