

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

55-61-006083
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 2057 Registrar's No. 52

AMENDED

FILED VS FEB 20 1961

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia	Length of stay in lb Minutes	c. CITY OR TOWN Whiteman Air Force Base	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3miles W. on Hiway 50	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 109 Ellsworth Lane	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CLINTON COLE MURPHEY			4. DATE OF DEATH Month Day Year Feb. 17, 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-12-1941	9. AGE (last birthday) 19	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) Student	10b. KIND OF BUSINESS OR INDUSTRY College	11. BIRTHPLACE (City and state or country) CrestView, Florida	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME M/Sgt. O.S. Murphey	13b. MOTHER'S MAIDEN NAME Louren Mitcheom	14. NAME OF HUSBAND OR WIFE None	

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
No (If yes, give war or dates of service)

17. INFORMANT Address **Whiteman AFB, MO.**
M/Sgt. Cole S. Murphey, 109 Ellsworth Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Crushing injury to chest and fractured skull**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Instant**

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
automobile accident - crashed into bridge abutment 3 miles W. Sedalia on U.S.H. 50

20c. TIME OF INJURY
Hour **11:45** p.m. Month, Day, Year **2-17-61**

20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
PUBLIC HIGHWAY

20f. CITY, TOWN, OR LOCATION COUNTY STATE
PETTIS MO

21. I attended the deceased from **viewed** to **car** and last saw **her** alive on **P.** m on the date stated above, and to the best of my knowledge, from the causes stated.
Death occurred at **11:45**

21. SIGNATURE (Degree or title) **Ches Jordan Staup, M.D.** ADDRESS **Warrensburg, Mo** 22c. DATE SIGNED **2-18-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **2-20-1961** 23c. NAME OF CEMETERY OR CREMATORY **Sunset Hill Cemetery** 23d. LOCATION (City, town, or county) (State) **Warrensburg, Missouri**

24. FUNERAL DIRECTOR ADDRESS **The Brauningers, Warrensburg, Missouri** 25. DATE RECD. BY LOCAL REG. **2-18-1961** 26. REGISTRAR'S SIGNATURE **Frances Shelby**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 28 1961

APR 18 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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed *W. Seibert*

Licensed Embalmer No. 3470

P. O. Address Salalia

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.