

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009693

STATE FILE NUMBER

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 54

FILED MAR 20 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <b>LIVINGSTON</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHILLICOTHE</b>		c. CITY OR TOWN <b>UNIONVILLE</b>		e. STATE <b>MISSOURI</b> COUNTY <b>PUTNAM</b>		
Length of stay in 1b <b>1 1/2 Yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SUSAN'S NURSING HOME</b>				d. STREET ADDRESS (If outside, give location) <b>UNKNOWN</b>				
3. NAME OF DECEASED (Type or print) First <b>DORA</b> Middle <b>ELDER</b> Last <b>MURPHY</b>			4. DATE OF DEATH Month <b>MARCH</b> Day <b>4</b> Year <b>1961</b>					
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/15/1877</b>	9. AGE (last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 1 YEAR Hours	IF UNDER 24 HR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		11. BIRTHPLACE (City and state or country) <b>PUTNAM COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>MARION QUINN</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH MC/NEECE</b>			14. NAME OF HUSBAND OR WIFE <b>LEE MURPHY</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT Address <b>F.O. HUSTED; UNIONVILLE, MISSOURI</b>			
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) <b>CARDIO-VASCULAR RENAL FAILURE</b>							<b>3 weeks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <b>Generalized Arteriosclerosis</b> <b>6-10 yrs.</b>	
DUE TO (c) <b>Complete Heart Block</b>							<b>2 weeks.</b>	
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 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>June 2-59</u> to <u>3-4-61</u> and last saw her <u>live</u> on <u>3-4-61</u> Death occurred at <u>EIGHT: TWENTY P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>R.W. Matheny DO.</i>				22b. ADDRESS <i>Chillicothe, Mo.</i>			22c. DATE SIGNED <i>3-10-61.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3/7/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>PARSONS CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>PUTNAM COUNTY, MISSOURI</b>			
24. FUNERAL DIRECTOR <b>NORMAN FUNERAL HOME: Chillicothe, Mo</b>			25. DATE RECD. BY LOCAL REG. <i>Mar 7, 1961</i>		26. REGISTRAR'S SIGNATURE <i>Annabelle Taylor</i>			

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John P. Rodgers*

Licensed Embalmer No. 4963

P. O. Address CHILlicothe, MISS

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.