ISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-012602
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 268

FILED MAY 1 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in Hb: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: University of Mo. Medical Center
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 312 N. Lamine
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Waymon Middle: George Last: Murphy
4. DATE OF DEATH: Month: April Day: 25 Year: 1961
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 19, 1913
9. AGE (last birthday): 47 years
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): Truck driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Nelson, Mo
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Ollie J Murphy
13b. MOTHER'S MAIDEN NAME: Hattie Thornton
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): no
17. INFORMANT: University of Missouri, Medical Records
Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PULMONARY ABSCESSES — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE TO (b)~~: CARCINOMA · ESOPHAGUS — ?
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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 20, 1961 to April 25, 1961 and last saw her/him alive on April 25, 1961
Death occurred at 12 30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Ezra Leland Singer, M.D. (Degree or Title)
22b. ADDRESS: UMMC
22c. DATE SIGNED: 4/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 28-61
23c. NAME OF CEMETERY OR CREMATORY: Nelson
23d. LOCATION (City, town, or county): Nelson MO (State)

24. FUNERAL DIRECTOR: Alexander Sedalia
ADDRESS: Sedalia MO
25. DATE RECD. BY LOCAL REG.: Apr. 25 1961
26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

US MAY 2 1960

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 _____

Licensed Embalmer No. 4245

P. O. Address _____

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.