SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012886
STATE FILE NUMBER

AMENDED

Registration District No. 389 Primary Registration District No. 5161 Registrar's No. ~~[illegible]~~ 8

FILED APR 24 1961

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Bloomfield — Length of stay in 1b 5 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 5 Mi South East — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. ~~STATE~~ British Columbia b. COUNTY Canada
c. CITY OR TOWN Vancouver — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Canada. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Richard Middle Vest Last Murphy
4. DATE OF DEATH Month April Day 17 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH July 28 90
9. AGE (last birthday) 70 — 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) Surveyor & Engineering
10b. KIND OF BUSINESS OR INDUSTRY In Wood County
11. BIRTHPLACE (City and state or country) New Bloomfield Mo
12. CITIZEN OF WHAT COUNTRY Canada
13a. FATHER'S NAME R.T. Murphy
13b. MOTHER'S MAIDEN NAME Susan Suggett
14. NAME OF HUSBAND OR WIFE Never Married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Chas Murphy Address New Bloomfield Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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 17 to April 17-61 and last saw her/him alive on April 17-1961
Death occurred at 4/10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. [illegible] M.D.
22b. ADDRESS New Bloomfield Mo
22c. DATE SIGNED April 18 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/19/61
23c. NAME OF CEMETERY OR CREMATORY Providence Cemetery
23d. LOCATION (City, town, or county) New Bloomfield (State) MO

24. FUNERAL DIRECTOR Claypool Service ADDRESS New Bloomfield Mo
25. DATE RECD. BY LOCAL REG. 4/18/61
26. REGISTRAR'S SIGNATURE LeRoy Claypool

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

APR 25 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 LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield Mo

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.