ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-037501
STATE FILE NUMBER

AMENDED

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 22

FILED OCT 30 1961

1. PLACE OF DEATH
a. COUNTY Johnson

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 Washington Twp.
Length of stay in 1b

c. CITY OR TOWN Knob Noster,
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION USAF Hospital Whiteman AFB Mo
Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) 609A E McPherson
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lorena Middle Ann Last Murphy

4. DATE OF DEATH Month October Day 26 Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 25 Oct 61

9. AGE (last birthday)
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours 13 Min. 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) –

10b. KIND OF BUSINESS OR INDUSTRY –

11. BIRTHPLACE (City and state or country) Whiteman AFB, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Randolph C Murphy

13b. MOTHER'S MAIDEN NAME Dorene Perkins

14. NAME OF HUSBAND OR WIFE –

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 Randolph C Murphy
Address 609A E McPherson Knob Noster, Mo

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) Prematurity – wt 2 lb. 10 oz

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

INTERVAL BETWEEN ONSET AND DEATH

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 25 October 1961, to 26 October 1961 and last saw her/him alive on 26 October 1961
Death occurred at 6:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lawrence L. Allen, MD (Degree or title)
LAWRENCE L ALLEN MD

22b. ADDRESS USAF Hospital Whiteman AFB, Missouri

22c. DATE SIGNED 27Octol

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Oct. 27, 1961

23c. NAME OF CEMETERY OR CREMATORY Pleasant Run Cemetery

23d. LOCATION (City, town, or county) Holly Hill (State) Ky.

24. FUNERAL DIRECTOR Sweeney Phillips Warrensburg, Mo.
ADDRESS

25. DATE RECD. BY LOCAL REG. Oct 27-61

26. REGISTRAR'S SIGNATURE Erma L. Beatty

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT | 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_____ Signed W. Raymond Baker

Signature of Student Embalmer

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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.