

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042287

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1637A

STATE FILE NUMBER

FILED NOV 19 1962

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield, Missouri</u>		Length of stay in 1b		c. CITY OR TOWN <u>Summersville (Rural)</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rural Route</u>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Everett</u> Last <u>Murfin Sr.</u>			4. DATE OF DEATH Month <u>November</u> Day <u>2</u> Year <u>1962</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/11/1906</u>	9. AGE (last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Hartshorn, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Charles Edward Murfin</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret E. Cloninger</u>	
14. NAME OF HUSBAND OR WIFE <u>Idola F. Murfin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT <u>Idola F. Murfin</u>		Address <u>St. Rt. Smsville, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intracranial Subarachnoid Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>	
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 checked="" 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 <u> </u> a.m. <u> </u> p.m. <u> </u>	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 <u> </u> COUNTY <u> </u> STATE <u> </u>
21. I attended the deceased from <u>10-30-62</u> to <u>11-2-62</u> and last saw him alive on <u>11-2-62</u> Death occurred at <u>6:05 pm 11-2-62</u> on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <u>John R. H. Hanson</u>		
22b. ADDRESS <u>1636 S. Gleasonville</u>		22c. DATE SIGNED <u>11-9-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>11/5/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Hartshorn, Missouri</u>	
24. FUNERAL DIRECTOR <u>Duncan Funeral Home</u>			25. DATE RECD. BY LOCAL REG. <u>11-14-62</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Meeten</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John R. H. Hanson, M.D.
USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
10397
21070
3
4 0
5 1
6
7 0
8 2
9 330X
10
11
12 4-0
13

DATE AMENDED

ITEM NO. SHOULD READ

NOV 20 1962

Permit

11-2-62

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

Frederic M. Abbott

Licensed Embalmer No.

5115

P. O. Address

Springfield, 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.