

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15056

State File No.

Registration District No. 495

Primary Registration District No. 5659

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community all his life years, months or days)

3. (a) PRINT FULL NAME Curtis Murphy

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced SO  
6. (b) Name of husband or wife Eda Bachelor 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 2 92 1963  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Missouri (Lincoln Co.) (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Fabrics

MOTHER FATHER  
12. Name Charles H. Murphy  
13. Birthplace Indiana (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Garrison  
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Colbert

(b) Address Eolia Mo.

17. (a) Burial (b) Date thereof 3-23-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Danielle 220

18. (a) Signature of funeral director W. R. Hammond

(b) Address Silet Mo. 443

19. (a) Apr. 24 - 1941 (b) Mary Motley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
(c) City or town Eolia R.R. & Rural (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22  
year 1941 hour 6 am minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Heart fatal in bed  
Due to about 7 A.M. 3/22/41

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence April 22 - 1941

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

at his home in bed

While at work? Yes (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. R. Riddle (M. D. or other) \_\_\_\_\_

Address Troy Mo Date signed 4/23/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

700

**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 me

, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed W. P. Hammond

Licensed Embalmer No. 2251

P. O. Address Box 740

**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 this body is not embalmed, above space should be left blank.**