

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41544

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 199

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	c. LENGTH OF STAY (in this place) <u>30 das.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lebanon Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>George</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Murphy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 28 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12/10/1949</u>	9. AGE (in years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u>11</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Vienna, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ollie Murphy</u>
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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>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ollie Murphy, Dixon, Missouri</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertrophy prostate</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>6/0X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pernicious Anemia</u>		<u>Many yrs</u>	

19a. DATE OF OPERATION <u>12-27-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy prostate</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb, 1948, to Dec 28, 1949, that I last saw the deceased alive on Dec 28, 1949 and that death occurred at 945P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fernell H. Johnson MD</u>	23b. ADDRESS <u>203 N Jefferson Lebanon Mo</u>	23c. DATE SIGNED <u>12-31-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/30/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dixon</u>	24d. LOCATION (City, town, or county) (State) <u>Dixon Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-2-1950</u>	REGISTRAR'S SIGNATURE <u>Hella L. May</u>	424	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred H. Gilbert, Dixon, Missouri</u>
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Received JAN 7 1950

Laclede County Health Unit

File No. 1-50-2

Date Filed JAN 9 1950

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
Student Embalmer

Signed *William A. Falke*

Licensed Embalmer No. 4658

P. O. Address *Lebanon, 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 this body is not embalmed, fact should be so stated above.