

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28492
State File No. 1003
6975
Registrar's No.

318

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town or township) ST. Louis		c. LENGTH OF STAY (In this place) 20 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis		d. STREET ADDRESS (If rural, give location) 3730, Couzens Avenue		
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital								
3. NAME OF DECEASED (Type or Print) Darnell			a. (First)		b. (Middle)		c. (Last) Murphy	
4. DATE OF DEATH 8 - 12th, 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 12 - 27th, 1929		9. AGE (In years last birthday) 20		
5. SEX Male		6. COLOR OR RACE Col.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Domestic		
11. BIRTHPLACE (State or foreign country) ST. Louis - Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Murphy		13b. MOTHER'S MAIDEN NAME Elver Murphy		
14. NAME OF HUSBAND OR WIFE ---		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No None		16. SOCIAL SECURITY NO. 492-30-8377		17. INFORMANT'S SIGNATURE OR NAME Eddie Max Giles		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Compression of Cervical Spine by Neuro-fibrosarcoma of neck, chord, following operation for Sarcoma of neck at Homer G. Phillips Hosp on Aug 12 1950 about 400 pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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)		21d. HOW DID INJURY OCCUR 199A		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 400P. m., from the causes and on the date stated above.								
23a. SIGNATURE [Signature]				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 8/15/50		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8/18/50		24c. NAME OF CEMETERY OR CREMATORY Smith Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Whiteville, Tenn		
DATE REC'D BY LOCAL REG. AUG 16 1950		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE Pure Funeral Home		ADDRESS 2829 Washington, Bly		

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

STATEMENT BY LICENSED EMBALMER

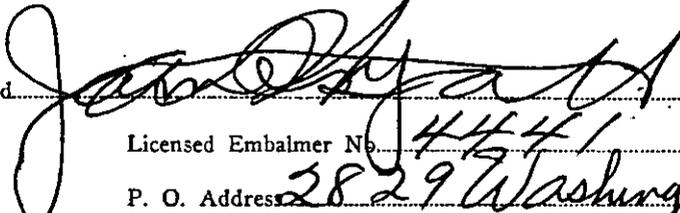
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed


Licensed Embalmer No. 4441
P. O. Address 2829 Washington

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.