

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34421

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4434 Registrar's No. 39

1. PLACE OF DEATH
 a. COUNTY Ralls,
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Center, Mo
 c. LENGTH OF STAY (In this place) 52 Yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri. b. COUNTY Ralls,
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Center, Missouri.
 d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
 a. (First) Oliver b. (Middle) Eugene c. (Last) Murphy
 (Type or Print)
 4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
 8. DATE OF BIRTH Aug. 18, 1872 9. AGE (In years last birthday) 77 9 Months 28 Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
 10b. KIND OF BUSINESS OR INDUSTRY Laborer.
 11. BIRTHPLACE (State or foreign country) Ralls Co, Missouri.
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ignatious Murphy 13b. MOTHER'S MAIDEN NAME Sarah Fowler 14. NAME OF HUSBAND OR WIFE Zellma Hendricks.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
 16. SOCIAL SECURITY NO. None. 17. INFORMANT'S SIGNATURE OR NAME Zellma Murphy ADDRESS Center, Mo.

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis - Acute
 ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Tuberculosis - Upper Left Lobe of Lung
 DUE TO (c) unknown
 II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
none
 INTERVAL BETWEEN ONSET AND DEATH
1 week
10 years
002X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION None 20. AUTOPSY? YES NO

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. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct. 10, 1950, to Oct. 16, 1950, that I last saw the deceased alive on Oct. 16, 1950, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Brooks, Jr. Po. 2 23b. ADDRESS Center, Missouri. 23c. DATE SIGNED 10-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10-18-50 24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery. 24d. LOCATION (City, town, or county) (State) Center, Missouri.

DATE REC'D BY LOCAL REG. 10-18-50 REGISTRAR'S SIGNATURE Clyde Wilcox 25. FUNERAL DIRECTOR'S SIGNATURE Conroy ADDRESS Center, Missouri

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

Date Received: OCT 31 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-80-
Date Filed: OCT 31 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Clyde Wilby

Licensed Embalmer No. 3820

P. O. Address Terry 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.