

FILED DEC 12 1950

STANDARD CERTIFICATE OF DEATH

39515

State File No. ....

0970

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

BIRTH NO. ....		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>6083</u>		Registrar's No. <u>242</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nelson</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nelson</u>		d. STREET ADDRESS (If rural, give location) <u>Nelson, Missouri</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>MURPHY</u> c. (Last) <u>MURPHY</u>				4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>5</u> , (Year) <u>1950</u>			
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>April 11, 1881</u>	
9. AGE (In years last birthday) <u>69</u>		10. MONTHS <u>7</u>		11. BIRTHPLACE (State or foreign country) <u>Saline County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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 <u>Gen. merchandise</u>		11. BIRTHPLACE (State or foreign country) <u>Saline County, Missouri</u>			
13a. FATHER'S NAME <u>Lindsey Murphy</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Lambert</u>			14. NAME OF HUSBAND OR WIFE <u>Willie Ault Murphy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) <u>np</u>			16. SOCIAL SECURITY NO. <u>*****</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph R. Murphy, Nelson, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>nephritis</u>				<u>4 days</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>593X</u>				<u>2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Senile Dementia</u>						<u>6 mo</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov</u> , 19 <u>48</u> , to <u>Dec 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 4</u> , 19 <u>50</u> , and that death occurred at <u>1:10A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Richard P. Buckles DO.</u>				23b. ADDRESS <u>Marshall, Mo</u>		23c. DATE SIGNED <u>12-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/6/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nelson, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec-6-1950</u>		REGISTRAR'S SIGNATURE <u>Lindsey F Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter G. ...</u>		ADDRESS <u>Sedalia, Mo.</u>	

**RECEIVED**

12/11/50

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed. 12-11-50

**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 P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia, 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.