

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 30 1951

State File No. 22152

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 777

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | |
| c. LENGTH OF STAY (in this place) <u>Reg. 5 M. 1 day</u> | | d. STREET ADDRESS (If rural, give location) <u>603 N. 12th</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ETTA</u> | b. (Middle) <u>MARIE</u> | c. (Last) <u>MURPHY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-19-1951</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>9-18-1878</u> | 9. AGE (in years last birthday) <u>72</u> | 10. MONTHS <u>10</u> | 11. DAYS <u>3</u> | 12. HOURS <u></u> | 13. MIN. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Henry Hoffmeister</u> | 13b. MOTHER'S M.A.R.R.I.E.N NAME <u>Augusta Bertram</u> | 14. NAME OF HUSBAND OR WIFE <u>WIFE F. 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>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>E. F. Hoffmeister</u> | ADDRESS <u>603 N. 12th St. Joseph, Mo.</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 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of right breast</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) <u>arterio-sclerotic heart disease and hypertensive cardio-vascular disease of greater circulatory</u> DUE TO (c) | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>170X</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 2-18-1948, to 7-18-1951, that I last saw the deceased alive on 7-18-1951, and that death occurred at 4:50 A. M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Forest Thomas</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u> | 23c. DATE SIGNED <u>7-19-1951</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 21-1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Mora Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>July 25, 1951</u> | REGISTRAR'S SIGNATURE <u>Carl C. Carl</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. Hoyer</u> | ADDRESS <u>St. Joseph, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 *Raymond W. Herber*
Licensed Embalmer No. 4413

P. O. Address St. Joseph, Missouri.

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.