

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23944**  
REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5911** Registrar's No. **2074**

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Passola</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Passola</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0780</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Donna</b> b. (Middle) <b>Kay</b> c. (Last) <b>Murphy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 5, 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Nov 18 1941</b>	9. AGE (In years last birthday) <b>9</b>	10. UNDER 1 YEAR Months <b>7</b> Days <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (State or foreign country) <b>Hayti, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Wheeler J. Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Lorene E. Downs</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR COAST GUARD (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>	

17. INFORMANT'S SIGNATURE OR NAME <b>Wheeler J. Murphy</b>		ADDRESS <b>Hayti, Mo</b>	
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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) <b>Chest internal injuries</b>		DUE TO (b) <b>Run over by automobile</b>				
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b: MAJOR FINDINGS OF OPERATION <b>078</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify): <b>SUICIDE HOMICIDE Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 84</b>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) <b>Near Hayti Pemiscot Missouri</b>	
21d. TIME OF INJURY - <b>July 5, 1951</b> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Run over by automobile</b>	

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 **5:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>James A. Osburn</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Wardell, Missouri</b>		23c. DATE SIGNED <b>7-5-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-8-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Little Prairie</b>	
24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Mo</b>		DATE REC'D BY LOCAL REG. <b>7-20-51</b>		REGISTRAR'S SIGNATURE <b>John W. German</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>John G. German</b>		ADDRESS <b>Hayti, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

5760

7-51-178

Rec. JUL 21 1951

S. B. Beecher, M. D.,  
Pemiscot County Health Department,  
Caruthersville, Missouri

**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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.