

DEC 13 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 198

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give town) Webb City		c. LENGTH OF STAY (in this place) 80 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		0495			
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital				d. STREET ADDRESS (If rural, give location) 306 Pearl					
3. NAME OF DECEASED (Type or Print) Alice			a. (First)		b. (Middle) Murphy		c. (Last)		
4. DATE OF DEATH Nov. 25, 1951				5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Aug. 18, 1868		9. AGE (In years last birthday) 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Carbondale, Ill	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Wm. Simpson		13b. MOTHER'S MAIDEN NAME Mary Hall		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME E. W. Johnston, Oakland, Calif.				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 5 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Essential hypertension		years			
				DUE TO (c) Arterio-sclerosis		years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Mitral insufficiency		years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input 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)		331X			
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"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 1946, to 11-25-, 1951, that I last saw the deceased alive on 11-25, 1951 and that death occurred at 11:45P, from the causes and on the date stated above.									
23a. SIGNATURE E. W. Johnston				23b. ADDRESS D.O. 709 Joplin St., Joplin, Mo.		23c. DATE SIGNED 11-27-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-28-51		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Missouri			
DATE REC'D BY LOCAL REG. Dec 5-51		REGISTRAR'S SIGNATURE R. L. Hutchins		25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

1492

RECEIVED - 12-11-51  
Jasper County Health Office

County File Number 51/12/926

Date Filed 12-11-51

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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 Steve Parker.....

Licensed Embalmer No. 2548.....

P. O. Address Joplin 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.