

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12656

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 384

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
c. LENGTH OF STAY (in this place) <u>287 days</u>		d. STREET ADDRESS (If rural, give location) <u>406 Euclid</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Hughes</u> c. (Last) <u>Murty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1952</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>Nov. 15, 1892</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telegrapher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telegraph</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osage City, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John C. Murty</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Hughes</u>		14. NAME OF HUSBAND OR WIFE <u>Clementine Murty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA Hospital Records Springfield, Missouri</u>	

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>Cor Pulmonale with decompensation.</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS 1. <u>Pulmonary tuberculosis, bilateral, cavitary.</u> 2. <u>Bullus Emphysema.</u>		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343 A</u>			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)		
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?		

22. I hereby certify that VA attended the deceased from July 3, 1951, to April 15, 1952, ~~that he was~~ ~~deceased~~ born 11:15am., 19 , and that death occurred at 11:15am., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Bondurant, M.D.</u> Acting (Degree or title)			23b. ADDRESS <u>VA Hospital Springfield, Mo.</u>		23c. DATE SIGNED <u>April 15'52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-17-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARTHAGE - MO</u>	
DATE REC'D BY LOCAL REG. <u>4-16-52</u>		REGISTRAR'S SIGNATURE <u>James H. Bondurant, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Funeral Home, Carthage, Mo.</u>		ADDRESS <u>Carthage, Mo.</u>	

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

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APR 21 1952

APR 27 1957

APR 8 1957

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 _____

body not embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed *Paul F. [Signature]*

Student
Student Embalmer

Licensed Embalmer No. *2457*

P. O. Address *Springfield, 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.