

FILED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32540

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 277 PRIMARY REG. DIST. NO. 4411 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY OR TOWN <u>Bowling Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>0820</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Libbiana</u> b. (Middle) <u>A</u> c. (Last) <u>MURPHY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 6 1872</u>
9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>80 4 20</u>		11. BIRTHPLACE (State or foreign country) <u>Pike Co. Mo</u>	
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 _____	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>George Humphrey</u>	
13b. MOTHER'S MAIDEN NAME <u>Eliza Warrick</u>		14. NAME OF HUSBAND OR WIFE <u>Len Murphy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Len Murphy</u>		ADDRESS <u>Bowling Green Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture left femur, Feb. 2, 1952.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
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) <u>Feb. 2nd 1952 10:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell fractured hip.</u>	
22. I hereby certify that I attended the deceased from <u>May and June</u> , 1950, to <u>Sept 26th</u> , 1952, that I last saw the deceased alive on <u>Sept. 26th</u> , 1952, and that death occurred at <u>8 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James B. Briggs, M.D.</u>		23b. ADDRESS <u>Bowling Green Missouri</u>	
23c. DATE SIGNED <u>9/29/52</u>		24. NAME OF CEMETERY OR CREMATOR <u>Bowling Green</u>	
24a. LOCATION (City, town, or county) (State) <u>Bowling Green Mo</u>		24b. DATE OF BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial Sept. 28, 1952</u>	
DATE REC'D BY LOCAL REG. <u>10/6/52</u>	REGISTRAR'S SIGNATURE <u>Bell Robinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Grace Bankhead</u>	
ADDRESS _____		ADDRESS <u>Bowling Green Mo</u>	

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

MS  
SEP 12 1960

**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 \_\_\_\_\_

*Harold C. Kirk*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4597

P. O. Address Pauline Street

**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.