

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **21072**

0.300  
0.48

FILED JUN 26 1953 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **50**

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

1. PLACE OF DEATH a. COUNTY <b>Clinton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b>		b. COUNTY <b>Daviess</b>	
b. CITY OR TOWN <b>Cameron</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Winstons</b>		Mo <b>0510</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cameron Community</b>		d. STREET ADDRESS (If rural, give location) <b>051</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Bolt</b> c. (Last) <b>Murphy</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-1-53</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>2-10-1884</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dual letter carrier</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Patrick Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Williams Oller</b>		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) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Letta E. Murphy Winstons Mo</b>		
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) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>  <b>Several years</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 _____, 1950, to June 1, 1953, that I last saw the deceased alive on <b>May 31, 1953</b> , and that death occurred at <b>2:30 Am.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>F. K. Wilson MD</b> (Degree or title)		23b. ADDRESS <b>Winstons Mo</b>		23c. DATE SIGNED <b>6-2-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-3-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Winstons</b>	24d. LOCATION (City, town, or county) (State) <b>Winstons Mo</b>		
DATE REC'D BY LOCAL REG. <b>6-12-53</b>	REGISTRAR'S SIGNATURE <b>Winnifred W. Moser</b>		3100	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kate Shoup</b>	ADDRESS <b>Winstons Mo</b>

JUN 28 1950

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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert J. Poland

Licensed Embalmer No. 449773

P. O. Address Jameson Ave

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.