

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32214

State File No.

0502

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. 83

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus, Mo.
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 702 N. Mill St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jefferson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus
d. STREET ADDRESS (If rural, give location) 702 N. Mill

3. NAME OF DECEASED
a. (First) Alfred b. (Middle) Cornelius c. (Last) Murphy
4. DATE OF DEATH (Month) (Day) (Year) 8/28/53

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug. 6, 1886
9. AGE (In years last birthday) 67 10. MONTHS 0 11. DAYS 22 12. IF UNDER 1 YEAR Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glassworker
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Festus, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Patrick Murphy 13b. MOTHER'S MAIDEN NAME Mary Ann Flannigan 14. NAME OF HUSBAND OR WIFE Emma Jane Murphy

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 489-03-4498 17. INFORMANT'S SIGNATURE OR NAME Emma Jane Murphy ADDRESS Festus, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emphysema
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.
Congestive heart disease

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 5271 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from March 1948 to Aug. 28, 1953, that I last saw the deceased alive on Aug 28, 1953 and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Beverly R. Palette 23b. ADDRESS Festus, Mo. 23c. DATE SIGNED 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Aug. 31, 1953 24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery 24d. LOCATION (City, town, or county) (State) Festus, Mo.

DATE REC'D BY LOCAL REG. 8-31-53 REGISTRAR'S SIGNATURE Beverly R. Palette 444-0 25. FUNERAL DIRECTOR'S SIGNATURE H. S. Vinyard ADDRESS Festus, Mo.

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED SEP 9 1953

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

Donald H. Vinyard

Signed.....

Student Embalmer

Licensed Embalmer No. *4608*

P. O. Address *Holtz, 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.