

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 22 1953

BIRTH NO. REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 5117 Registrar's No. 19

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

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone <i>1100</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cedar		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cedar	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) Ashland R.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ashland R.F.D.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Arthur Thomas	b. (Middle)	c. (Last) Murphy	(Month) October	(Day) 15	(Year) 1953

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 18 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 5 Days 27	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Murphy	13b. MOTHER'S MAIDEN NAME Minnie Griffin	14. NAME OF HUSBAND OR WIFE Lillie Murphy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Lillie Murphy	ADDRESS Ashland Missouri
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 10 min.	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis			6 months
	DUE TO (c) Carcinoma of Prostate			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 177X (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **August, 1953**, to **Oct 15, 1953**, that I last saw the deceased alive on **Oct 15, 1953**, and that death occurred at **4:15 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. M. Hardwick M.D.	23b. ADDRESS Ashland Missouri	23c. DATE SIGNED Oct. 15 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE October 18 1953	24c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery	24d. LOCATION (City, town, or county) (State) Columbia Mo.
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DATE REC'D BY LOCAL REG. Oct. 15 1953	REGISTRAR'S SIGNATURE Mrs Mildred Burnett	25. FUNERAL DIRECTOR'S SIGNATURE W. B. Burnett	ADDRESS Ashland
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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 *W^m L. Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Ashland 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.