

No. 300
10.48

FILED DEC 7 1953

STANDARD CERTIFICATE OF DEATH

State File No. **40933**
11328
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		e. STREET ADDRESS (If rural, give location) 3400 S Grand	

3. NAME OF DECEASED (Type or Print)	a. (First) Cornelius	b. (Middle)	c. (Last) Murphy	4. DATE OF DEATH (Month) Nov (Day) 27 (Year) 53
-------------------------------------	-----------------------------	-------------	-------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Widower	8. DATE OF BIRTH March 17 1895	9. AGE (in years last birthday) 58	IF UNDER 1 YEAR	IF UNDER 6 Mths.
--------------------	-------------------------------	---	---------------------------------------	---	-----------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Ireland	12. CITIZEN OF WHAT COUNTRY? U.S.
--	-----------------------------------	---	--

13a. FATHER'S NAME John Murphy	13b. MOTHER'S MAIDEN NAME Nellie Sullivan	14. NAME OF HUSBAND OR WIFE Nellie Murphy
---------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If res. give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Raymond Murphy	ADDRESS Butte Montana
---	--	---	------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean cause of dying, such as pneumonia, asthma, or heart failure, or means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	ANTECEDENT CAUSES DUE TO (b) Pulmonary Infarction DUE TO (c) Arterio Sclerosis		
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 checked="" 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) 4211
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:55** p.m., from the causes and on the date stated above.

23. SIGNATURE Patrick P. Taylor, Coroner (Degree or title)	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 11 30 53
---	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-28-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Butte Montana
--	---------------------------	------------------------------------	--

DATE REC'D BY LOCAL REG. NOV 30 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington
---	--	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Case by file

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
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *375*

P. O. Address *St. Louis,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

40923

State of _____ }
County of _____ } ss.

State File No. _____
Local Registrar's No. 11328

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 195____, before me appears _____

for Cornelius Murphy, who, upon _____ oath, states that the original record of birth
died 11-27, 1953, in the State of
born _____
Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read 3-17-1885

Instead of _____

Item No. 9 should read age 68

Instead of _____ 74

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Canell C. Nash Relationship. _____
Albert H. Kasse
Present Address. Washington
4700 Dec
Ellis C. Paddock Notary Public.

Subscribed and sworn to before me this 29 day of _____, 1953

My Commission expires 3-4-57

Affidavit

