

No. 30  
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FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22892

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New York</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Arcadia Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Flushing</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>196-70, 48th. Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles west of Hogan</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>MICHAEL</u> c. (Last) <u>MURPHY Jr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 17 1919</u>
9. AGE (In years last birthday) <u>35</u>	10. MALE OCCUPATION (Give kind of work during most of working life, even if retired) <u>Pilot, commercial</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>air lines</u>	13a. FATHER'S NAME <u>Frederick M. Murphy</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Murphy</u>	14. NAME OF HUSBAND OR WIFE <u>Grace Webb Murphy</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>yes</u> (If specify war or dates of service) <u>WW2</u>	16. SOCIAL SECURITY NO. <u>253-46-5852</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lloyd A. Webb, 196-70 48th. Ave.</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 <u>Flushing N.Y.</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull</u> ANTECEDENT CAUSES <u>Body Injuries</u> Morbidity 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 <u>E863X</u> <u>59</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Air Plane Crash</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Home Hogan</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hogan Mo Iron State</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-24-54 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Air Plane Crash</u>	
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. A. Howell</u> (Degree or title) <u>Crowder</u>		23b. ADDRESS <u>Ironton, Mo.</u>	23c. DATE SIGNED <u>7-24-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Atlanta Ga.</u>
DATE REC'D BY LOCAL REG. <u>7/29/54</u>	REGISTRAR'S SIGNATURE <u>Ms. Aris Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>	ADDRESS <u>Ironton Mo.</u>

(Licensed Embalmers' Statement on Reverse Side) Ansel J. White

AUG 4 1954

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 \_\_\_\_\_  
hypo injection and chemical packs.

Student Embalmer No. \_\_\_\_\_

Working under my personal supervision.

Student .....  
Student Embalmer

Signed Russell J. White

Licensed Embalmer No. 3012

P. O. Address Quincy, Ill.

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.