

FILED FEB 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2896

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0303

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution give street address or location) Missouri Baptist Hosp. 259
STREET ADDRESS (If rural, give location) 5364 Vernon Ave.

3. NAME OF DECEASED a. (First) Cora b. (Middle) _____ c. (Last) Murphy
4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 9
8. DATE OF BIRTH 1876 Sept. 10, 1876 9. AGE (In years last birthday) 78 4 1
IF UNDER 1 YEAR Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Mt. Vernon, Indiana 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Breege 13b. MOTHER'S MAIDEN NAME Mary Barton 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No None (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Lottie Furlong 17b. ADDRESS 822 Mills St. Mt. Vernon Ind.

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.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis of the heart
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) disease Hypertension
DUE TO (c) _____
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 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) 4200

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 11/20, 1954, to 1/11, 1955, that I last saw the deceased alive on 1/11/55, and that death occurred at 4:15 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles W. Harris MD 23b. ADDRESS 5298^a Page 1 23c. DATE SIGNED 1/12/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Jan. 12, 1955 24c. NAME OF CEMETERY OR CREMATORY Mt. Vernon, Indiana 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. JAN 12 1955 REGISTRAR'S SIGNATURE J. Earl Smith M.D. FUNERAL DIRECTOR'S SIGNATURE F. D. Smith 1225 Union

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

Can't sign
4-2-55

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 *Melvin L. Kesner*

Licensed Embalmer No. *H.0.5.*

P. O. Address *3505 Oak St. Louis 20,*

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.