

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3564**

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>3071</u>		Registrar's No. <u>911</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Saline</u>				
b. CITY OR TOWN <u>Slater</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Slater</u>		09720		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3011 Main Street</u>				d. STREET ADDRESS (if rural, give location) <u>301 North Main Street</u>				
3. NAME OF DECEASED (First) <u>SALLIE</u>			b. (Middle) <u>ANN</u>		c. (Last) <u>MURPHY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 22 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov 28 1876</u>	9. AGE (In years last birthday) <u>78-1-24</u>	IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Burketon Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Joseph Simon Winson</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Banghman</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Simon Murphy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Harry Anderson</u> ADDRESS <u>Slater</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>High blood pressure</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2</u> <u>3</u> <u>1</u> <u>2</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>						
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>None</u> (COUNTY) _____ (STATE) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>				
22. I hereby certify that I attended the deceased from <u>Jan 22 1955</u> to <u>Jan 22 1955</u> , that I last saw the deceased alive on <u>Jan 22 1955</u> , and that death occurred at <u>5:05 p.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>Mrs. Earl C. Metz</u> (Degree or title)				23b. ADDRESS <u>Slater Mo</u>		23c. DATE SIGNED <u>Jan 20 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Terrwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Roadhouse Ill</u>		
DATE REC'D BY LOCAL REG. <u>1/24/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Jones</u> ADDRESS <u>Slater Mo</u>				

(Licensed Emballer's Statement on Reverse Side)

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

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