

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18225

State File No. ....

FILED JUL 12 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 4182 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ARKANSAS</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEW HAVEN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LITTLE ROCK</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLIS</b>	b. (Middle) <b>ARTHUR</b>	c. (Last) <b>MURPHY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 5 5th 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Aug. 20th 1908</b>	9. AGE (In years last birthday) <b>46</b>	IF UNDER 1 YEAR Months <b>10</b>	IF UNDER 24 HRS. Days <b>15</b>	Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>POULTRY BUSINESS</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>POULTRY</b>	11. BIRTHPLACE (State or foreign country) <b>NEW HAVEN MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ARTHUR MURPHY</b>	13b. MOTHER'S MAIDEN NAME <b>NETTIE SCHUBERT</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NIL</b>	16. SOCIAL SECURITY NO. <b>429-10-9694</b>	17. INFORMANT'S SIGNATURE OR NAME <i>James C. Murphy - Vienna, Mo.</i>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aortic regurgitation with congestive failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	11. 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) (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 6/1, 1955, to 7/5, 1955, that I last saw the deceased alive on 7/4, 1955, and that death occurred at 5:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>B. P. Ciserinain M.D.</i>	23b. ADDRESS <b>New Haven, Missouri</b>	23c. DATE SIGNED <b>7/6/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-7th 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Haven Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>New Haven Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7/9/55</b>	REGISTRAR'S SIGNATURE <i>Nettie Murphy</i>	501- _____	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>L.C. Feltus &amp; Son New Haven Mo</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

JUL 12 1955

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 me

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Earl O. Tuttle

Licensed Embalmer No. 3385

P. O. Address New Haven

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.