

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16258

Health,  
& Welfare  
Public  
Service

FILED JUN 3 1957

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 592

5. 300  
7. 1-56

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			Length of stay in lb <u>13 days</u>		d. STREET ADDRESS (If outside, give location) <u>802 North 12<sup>th</sup> St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Homer</u> Middle <u>(None)</u> Last <u>Murphy</u>				4. DATE OF DEATH Month <u>May</u> Day <u>28</u> Year <u>1957</u>					
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>June 19, 1877</u>		9. AGE (In years last birthday) <u>79</u> UNDER 1 YEAR IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Produce</u>		11. BIRTHPLACE (City and state or country) <u>Andrew County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>		
13. FATHER'S NAME <u>Hugh Murphy</u>				14. MOTHER'S MAIDEN NAME <u>Nancy Kelsey</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>486-70-4454</u>		17. INFORMANT <u>Mrs. Homer Murphy</u>			Address <u>St. Joseph, Mo</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intestinal obstruction</u>							INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Benign prostatic hypertrophy</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Benign prostatic hypertrophy</u>							
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Benign prostatic hypertrophy</u>		20f. CITY, TOWN, OR LOCATION <u>St. Joseph, Mo</u>		COUNTY _____ STATE _____			
21. I attended the deceased from <u>May 18 '57</u> to <u>May 28 '57</u> and last saw <u>him</u> alive on <u>May 28 '57</u> Death occurred at <u>12 midnight</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Robert B. Bristow M.D.</u>				22b. ADDRESS <u>St. Joseph, Mo</u>		22c. DATE SIGNED <u>5-31-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 31, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Union Star Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Union Star, Mo</u>			
24. FUNERAL DIRECTOR <u>Wm. A. Rich</u>			ADDRESS <u>2122 W. 2nd St. St. Joseph, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 31, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ernest M. Allison</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Robt. B. Bristow

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

FEB 26 1958

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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.....  
*Wm A Rich*

Licensed Embalmer No. *42*

P. O. Address *Savannah*

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.