

Health,
Welfare
Public
Service

300
1-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other causes of death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20157

STATE FILE NUMBER

FILED JUL 1 1957

Registration District No. 42 Primary Registration District No. I000 Registrar's No. 673

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		a. STATE Missouri		b. COUNTY Buchanan	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		Length of stay in 1b 38 yrs		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) DENNIS H MURPHY				4. DATE OF DEATH Month June Day 14 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 29, 1881	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Principal		11. BIRTHPLACE (City and state or country) Stockwell Indiana		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Robert D. Murphy				14. MOTHER'S MAIDEN NAME Margaret Ricketts			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-34-6956		17. INFORMANT Mrs. Nell R. Murphy		Address St. Joseph, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia						INTERVAL BETWEEN ONSET AND DEATH 3-5 days	
DUE TO (b) Acute fulimant pyelonephritis.						6-8 days	
DUE TO (c) Arteriosclerotic heart disease with a relative recent myocardial infarction						6 000	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)	
20c. TIME OF INJURY Hour 5:50P Month, Day, Year 6/9/57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20e. CITY, TOWN, OR LOCATION St. Joseph, Mo.		COUNTY Missouri	
20f. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20h. CITY, TOWN, OR LOCATION St. Joseph, Mo.		COUNTY Missouri	
21. I attended the deceased from 6/9/57 to 6/14/57 and last saw him ^{her} alive on 6/14/57 Death occurred at 5:50P m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <i>Caryll C. Totten, M.D.</i>		22b. ADDRESS Physicians & Surgeons Bldg.	
22c. DATE SIGNED 6/19/57		23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6-17-57		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
23d. LOCATION (City, town, or county) (State) St. Joseph Missouri		24. FUNERAL DIRECTOR <i>Home Funeral Home</i>		25. DATE RECD. BY LOCAL REG. June 24, 1957		26. REGISTRAR'S SIGNATURE <i>Mrs. Robert Fulton</i>	
24. ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 24, 1957		26. REGISTRAR'S SIGNATURE <i>Mrs. Robert Fulton</i>			

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1957

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 *Charles E. Bennett*

Licensed Embalmer No. *467*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.