

FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32563**

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

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>181</u> | | PRIMARY REG. DIST. NO. <u>5675</u> | | Registrar's No. <u>44</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LINCOLN</u> | | | |
| b. CITY OR TOWN <u>Rural - Hurricane</u> | | c. LENGTH OF STAY (In this place) <u>MINUTES</u> | | c. CITY OR TOWN <u>ELSBERRY</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HWY. # 79 - 1 MILE NORTH OF ELSBERRY</u> | | | | e. STREET ADDRESS (If rural, give location) <u>417 N. THIRD ST. 0510</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HOMER</u> | | | b. (Middle) <u>HARRISON</u> | | c. (Last) <u>MURPHY</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 28, 1957</u> |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ | | 8. DATE OF BIRTH <u>June 15, 1903</u> | | 9. AGE (In years last birthday) <u>44</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>YARD WORK</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Eagle Butte, South Dakota</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>OSCAR MURPHY</u> | | | 13b. MOTHER'S MAIDEN NAME <u>RUBY WOMBLE</u> | | 14. NAME OF HUSBAND OR WIFE <u>NONE</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>498-09-0731</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELVA PALMER - ELSBERRY, Mo.</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SUFFOCATION BY BEING PINNED UNDER CAR WITH DOOR POST ACROSS LOWER RIB CAGE.</u> ANTECEDENT CAUSES <u>MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.</u> DUE TO (b) <u>RUPTURED LIVER & OTHER INJURIES</u> DUE TO (c) <u>CAR RAN OFF OF ROAD AND</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>OVERTURNED.</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi Way.</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) <u>HURRICANE</u> (COUNTY) <u>051 LINCOLN</u> (STATE) <u>MO</u> | | | |
| 21d. TIME OF INJURY <u>SEPT. 28, 1957 5A</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>CAR OVERTURNED & PINNED DEC. UNDER IT. NO OTHER INVOLVED</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that _____ saw the deceased alive on _____, 19____, and that death occurred at <u>5:00A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Joseph J. Marsh</u> <u>CORONER</u> | | | | 23b. ADDRESS <u>TROY, MO</u> | | 23c. DATE SIGNED <u>9/28/57</u> | |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>9-30-57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u> | | 24d. LOCATION (City, town, or county) (State) <u>Elsberry, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>10/4/57</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kinty</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paula Kicks - Elsberry, Mo.</u> | | | |

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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.....
O. Garland

Licensed Embalmer No. 4012

P. O. Address *Elsherry*

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.