Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-041127
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY: Ray	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Richmond Township — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN: Camden c890 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Ray County Memorial Hospital 1 Moth. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location): Not listed — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Jess	Middle: Anderson	Last: Murphy	4. DATE OF DEATH Month: Dec.	Day: 3	Year: 1958			
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Feb. 3, 1890	9. AGE (In years last birthday): 68	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner	10b. KIND OF BUSINESS OR INDUSTRY: Coal mine	11. BIRTHPLACE (City and state or country): Flemming, Missouri	12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME: John Murphy	13b. MOTHER'S MAIDEN NAME: Catherine Porter	14. NAME OF HUSBAND OR WIFE: Minnie Kennedy Murphy						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 487-09-7534	17. INFORMANT: Mrs Minnie Murphy Address: Camden, Mo.						

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

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): 332 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-22-58 to 12-3-58 and last saw him alive on 12-3-58. Death occurred at 2:45 a m on the date stated above and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] — 22b. ADDRESS: Richmond — 22c. DATE SIGNED: 12-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 12-5-1958 — 23c. NAME OF CEMETERY OR CREMATORY: Craven Cemetery — 23d. LOCATION (City, town, or county) (State): Camden, Missouri

24. FUNERAL DIRECTOR: Quest-Lile Funeral Home ADDRESS: Richmond, Missouri — 25. DATE RECD. BY LOCAL REG.: 12-6-1958 — 26. REGISTRAR'S SIGNATURE: Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Richmond, Va

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.

DEC 11 1958