

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004459

STATE FILE NUMBER

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 8

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warsaw</u>		c. CITY OR TOWN <u>Warsaw</u> ⁰⁰⁸⁶ _c	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u> </u>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>HAROLD - MURPHY</u>		4. DATE OF DEATH Month Day Year <u>Feb 24 1959</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>4 Mar 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>30 years Army Service</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ret. Military</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
11. BIRTHPLACE (City and state or country) <u>Lake Geneva, Wis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Katherine Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Murphy</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes World War I & II</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Katherine Murphy</u>		17. INFORMANT Address <u>Warsaw</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>Acute Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
DUE TO (b) <u>Coronary Thrombosis with Myocardial Infarct.</u>			<u>5 min.</u>
DUE TO (c) <u>Arteriosclerosis</u>			<u>3 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u> </u>			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 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.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dead on arrival</u> and last saw her/him alive on <u>dead on arrival</u> Death occurred at <u>12:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Gusschally DO</u>		22b. ADDRESS <u>Warsaw, Mo.</u>	
		22c. DATE SIGNED <u>2/25/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb 29, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Fort Leavenworth National Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Fort Leavenworth Kansas</u>	
24. FUNERAL DIRECTOR <u>John F. Reese</u> ADDRESS <u>Warsaw</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 26-1959</u>	
		26. REGISTRAR'S SIGNATURE <u>Geo. W. Logan</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

MAR 3 1959

STATEMENT BY LICENSED EMBALMER

MAR 6 1959

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 *John F. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.