JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–035042
STATE FILE NUMBER

FILED VS OCT 26 1959

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 307

NDED

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirksville
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION: K. O. H.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill.
b. COUNTY:
c. CITY OR TOWN: Molene
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1925 6th Ave.,
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Virgil Middle: Last: Murphy
4. DATE OF DEATH: Month Oct. Day 15, Year 1959
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/28/1908
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker, U. S. Arsenal
10b. KIND OF BUSINESS OR INDUSTRY: Baker
11. BIRTHPLACE (City and state or country): Kirksville, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Murphy
13b. MOTHER'S MAIDEN NAME: Nancy Thompson
14. NAME OF HUSBAND OR WIFE: X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 490 10 6383
17. INFORMANT: Address: Mrs. Anna Ford, Kirksville, 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): Medullary failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Exsanguination
DUE TO (c): Carcinoma of Larynx
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 10-15-59 to 10-15-59 and last saw ~~her~~ him alive on 10-15-59
Death occurred at 9:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W R Meaney (Degree or title) DO
22b. ADDRESS: Kirksville, Mo.
22c. DATE SIGNED: 10-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/18/59
23c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
23d. LOCATION (City, town, or county) (State): Kirksville, Mo.

24. FUNERAL DIRECTOR: Paul M. Riley
ADDRESS: Kirksville, Mo.
25. DATE RECD. BY LOCAL REG.: 10-18-1959
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

W. E. MEANEY, D.O.

US OCT 27 1959

APR 15 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George W. Davalt

Licensed Embalmer No. 4799

P. O. Address Kirksville,

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