

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-018457**

**FILED VS JUN 13 1960**

042

1000

626

STATE FILE NUMBER

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Buchanan</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>Mo</b> b. COUNTY<br><b>Buchanan</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Joseph,</b>         |  | Length of stay in 1b<br><b>7 months</b>   | c. CITY OR TOWN<br><b>St. Joseph</b> Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2619 So 10th</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>2619 So 10th</b> Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Dennis</b> Middle <b>D</b> Last <b>Murphy</b> |  |  | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>29</b> Year <b>1960</b> |  |  |  |
|---|--|--|---|--|--|--|

|                       |                                  |   |   |                                     |   |                              |
|-----------------------|----------------------------------|---|---|-------------------------------------|---|------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>May 15, 1918</b> | 9. AGE (last birthday)<br><b>42</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR<br>Hours Min. |
|-----------------------|----------------------------------|---|---|-------------------------------------|---|------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Auto</b> | 11. BIRTHPLACE (City and state or country)<br><b>St. Joseph, Mo</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |
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|--|---|--|
| 13a. FATHER'S NAME<br><b>Oral Murphy</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Lenora Turner</b> | 14. NAME OF HUSBAND OR WIFE<br><b>npne</b> |
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|   |                         |   |         |
|---|-------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><b>Mrs. Frank Cowan St. Joseph, Mo</b> | Address |
|---|-------------------------|---|---------|

|  |  |  |
|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>break down Central nervous system</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>about 1 hour</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Extremely large dose of Dilantin</b> |  |
|  | DUE TO (c) <b>intentionally taken</b>              |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |  |   |
|---|--|---|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury if PART I or PART II of item 18.)<br><b>Extremely large dose of Dilantin</b> |
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|   |
|---|
| 20c. TIME OF INJURY<br>Hour <b>12:30</b> a.m. Month, Day, Year <b>5-29-60</b> |
|---|

|   |   |  |        |       |
|---|---|--|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>2619 So 10</b> | 20f. CITY, TOWN, OR LOCATION<br><b>St Joseph Buchanan Mo</b> | COUNTY | STATE |
|---|---|--|--------|-------|

21. I attended the deceased from \_\_\_\_\_, to **5/29/60** and last saw him alive on **5-29-60**  
Death occurred at **1:30 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |   |                                    |
|---|---|------------------------------------|
| 22a. SIGNATURE<br><b>S. E. Meluney M.D.</b> (Degree or title) | 22b. ADDRESS<br><b>214 Kirkpatrick St. Joseph, Mo</b> | 22c. DATE SIGNED<br><b>5-30-60</b> |
|---|---|------------------------------------|

|   |                             |   |   |
|---|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>5/30/60</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Calvary Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Topeka Kansas</b> |
|---|-----------------------------|---|---|

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 24. FUNERAL DIRECTOR<br><b>John E. Rupp</b> | ADDRESS<br><b>St. Joseph, Mo</b> | 25. DATE RECD. BY LOCAL REG.<br><b>June 4, 1960</b> | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Clark Goodell</b> |
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DOCUMENT

S. E. Meluney M.D. CERTIFICATION

BY AFFIDAVIT OF

AUG 5 1960

JUL 6 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

~~only~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John E. Rupp*

Licensed Embalmer No. 3984

P. O. Address St. Joseph

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.