MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007619
STATE FILE NUMBER

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 215

FILED APR 3 1961

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia — Length of stay in 1b: 17 hrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Boone County Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Boone
c. CITY OR TOWN Columbia — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 101 Glenwood Ave — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Minnie Middle: Last: Murphy
4. DATE OF DEATH Month: March Day: 27 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: April 22 1868
9. AGE (last birthday): 92
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Ashland Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas Griffin
13b. MOTHER'S MAIDEN NAME: Sarah Haggans
14. NAME OF HUSBAND OR WIFE:
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.: –
17. INFORMANT: Gladys Murphy Address: 101 Glenwood Columbia

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 Embolus — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Mural thrombus, left Atrium — Unknown
DUE TO (c) Arteriosclerotic Heart Dis. c̄ Auricular Fibrillation — 4 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Embolus to Right Radial Artery.
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 Dec 19, 1960, to Mar 27, 1961 and last saw (her) (him) alive on Mar 27, 1961
Death occurred at 6:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John E. Finley Jr. M.D.
22b. ADDRESS: 16 So Tenth Columbia Mo.
22c. DATE SIGNED: 3-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar 30 1961
23c. NAME OF CEMETERY OR CREMATORY: New Salem Cemetery
23d. LOCATION (City, town, or county) (State): Ashland Mo
24. FUNERAL DIRECTOR: Wm C Burnett — ADDRESS: Ashland Mo
25. DATE RECD. BY LOCAL REG.: Mar 30 1961
26. REGISTRAR'S SIGNATURE: Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

US APR 21 1961

APR 26 1961

MAY 16 1961

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_____ Signed Wm. C. Burnett

Signature of Student Embalmer

Licensed Embalmer No. 3564

P. O. Address Ashland Me

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.