

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-002834

STATE FILE NUMBER

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 287

AMENDED

**FILED** JAN 22 1962

1. PLACE OF DEATH a. COUNTY <b>New Madrid</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Portageville</b>		c. CITY OR TOWN <b>Portageville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Home</b>		d. STREET ADDRESS (If outside, give location) <b>412 East Third Street</b>	

3. NAME OF DECEASED (Type or print) First <b>Hurd</b> Middle <b>M.</b> Last <b>Murphy</b>			4. DATE OF DEATH Month <b>January</b> Day <b>8</b> Year <b>1962</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/8/1895</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>10</b> Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Marine Fireman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Riverman</b>	11. BIRTHPLACE (City and state or country) <b>Decaturville, Tenn</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>William Murphy</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Tole</b>	14. NAME OF HUSBAND OR WIFE <b>Frana Middleton Murphy</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give yr. or dates of service) <b>yes World War I</b>	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT <b>Mrs. Hurd Murphy</b> Address <b>Portageville, Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Gastro intestinal hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Influenzal Gastroenteriti</b> DUE TO (c) <b>old Peptic ulcer</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b> <b>1 week</b> <b>years.</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 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 <b>Portageville, Mo.</b>	COUNTY <b>Missouri</b>	STATE
21. I attended the deceased from <b>1959</b> , to <b>1/8/62</b> and last saw him alive on <b>1/7/62</b> Death occurred at <b>9:00 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <i>J. Gruber</i> (Degree or title) <b>Shl.</b>	22b. ADDRESS <b>Portageville, Mo.</b>	22c. DATE SIGNED <b>1/9/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/10/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Portageville Cemetery</b>
23d. LOCATION (City, town, or county) <b>Portageville Missouri</b>		(State)

24. FUNERAL DIRECTOR <b>DeLisle Funeral Home</b> ADDRESS <b>Portageville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Jan 13, 1962</b>	26. REGISTRAR'S SIGNATURE <i>Ellen D. Milam</i>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

MAR 7 1962

JAN 30 1962

**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 Joseph A. English  
Licensed Embalmer No. 4481

P. O. Address Stoughton, Mass

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.