

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036525  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9105

**FILED SEP 28 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in lb 4 1/2 days  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Illinois COUNTY Moultrie  
c. CITY OR TOWN Bethany Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) Rt. #2 Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Baby Girl Murphy 9 19 62

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 9-14-62 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR. Months 4 Days 16 Hrs. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Shelbyville, Illinois 12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME Fred Murphy 13b. MOTHER'S MAIDEN NAME Georgianna Mae Britton 14. NAME OF HUSBAND OR WIFE Nil.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. Nil. 17. INFORMANT Fred Murphy, Bethany, Illinois, Rt. # 2 Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) PNEUMONIA INTERVAL BETWEEN ONSET AND DEATH 1 1/2 days  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) TRACHEO-ESOPHAGEAL FISTULA 4 1/2 "  
DUE TO (c) ESOPHAGEAL ATRESIA 4 1/2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 756.2 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. \_\_\_\_\_ 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 9-14-62 to 9-19-62 and last saw her live on 9-19-62. Death occurred at 2:25 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Regene Lewis J. M.D. 22b. ADDRESS 634 N. GRAND ST. LOUIS 3 22c. DATE SIGNED 9/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-21-62 23c. NAME OF CEMETERY OR CREMATORY Findlay Cemetery 23d. LOCATION (City, town, or county) (State) Findlay, Illinois.

24. FUNERAL DIRECTOR Rhea Funeral Home, Findlay, Illinois. ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. SEP 20 1962 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_

*Not Embalmed*  
*Lawrence G. Meyer*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.