

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037931

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 461

FILED OCT 25 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in lb 20 yrs.	c. CITY OR TOWN Cape Girardeau
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1319 Whitener		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1319 Whitener
3. NAME OF DECEASED (Type or print) First Lessie Middle ***** Last Murphy		4. DATE OF DEATH Month Oct. Day 20, Year 1962	
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-17-1893
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months 1 Days hr.	IF UNDER 24 HR Hours 5 Min. 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dietician		10b. KIND OF BUSINESS OR INDUSTRY Cafeteria	11. BIRTHPLACE (City and state or country) Blodgett, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13. FATHER'S NAME James P. James	
14. MOTHER'S MAIDEN NAME Hyburnia Taylor		15. NAME OF HUSBAND OR WIFE Charles Murphy	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		17. SOCIAL SECURITY NO. ?	18. INFORMANT C. Murphy Address Cape Gir., Mo.
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 accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Artero-sclerosis, Senility			INTERVAL BETWEEN ONSET AND DEATH 1 hr. 5 yrs.
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 checked="" 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 1:30 a.m. 9 p.m.	Month, Day, Year 1956		
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	COUNTY STATE
21. I attended the deceased from 1956 to 10/20/62 and last saw her him alive on 10/20/62 . Death occurred at 1:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. Murphy M.D. (Degree or title)		22b. ADDRESS Cape Girardeau Mo	22c. DATE SIGNED 10/20/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-22-1962	23c. NAME OF CEMETERY OR CREMATORY Forrest Hills Mem. Park	23d. LOCATION (City, town, or county) Morley, Mo. (State)
24. FUNERAL DIRECTOR Ford & Sons ADDRESS Cape Girardeau, Mo.		25. DATE RECD. BY LOCAL REG. 10-23-62	26. REGISTRAR'S SIGNATURE Gene Kasten

Taken to doctor 10-20-62
Picked up 10-

OCT 26 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 W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo.

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.