

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042338

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 223

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 14 1962

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission). a. STATE MO b. COUNTY Grundy	
b. CITY (If outside corporate limits, give TOWNSHIP only) Trenton		Length of stay in 1b 15 years	c. CITY OR TOWN Trenton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1803 Merrill Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First SADA Middle Lea Last Murphy			4. DATE OF DEATH Month Dec Day 8 Year 1962	
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/5/1891	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEMAKER	10b. KIND OF BUSINESS OR INDUSTRY HOUSEHOLD	11. BIRTHPLACE (City and state or country) Grundy Co, MO	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Betz	13b. MOTHER'S MAIDEN NAME MARY Reupert	14. NAME OF HUSBAND OR WIFE Claude Murphy (dec)
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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) No	17. INFORMANT 3 Opal Duke Address 421 1/2 W 12 Trenton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for terminal disease) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage 24 hours		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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 COUNTY _____ STATE _____
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21. I attended the deceased from Dec 7th 1962 to Dec 8th 1962 and last saw her live on Dec 7th 1962 Death occurred at 6:40 AM on the date stated above, and to the best of my knowledge, from the cause stated.	
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22a. SIGNATURE Oliver F. Duffy (Degree or title)	22b. ADDRESS Trenton, Mo.	22c. DATE SIGNED Dec 10 1962
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23a. BURIAL, CREATION, REMOVAL (Specify) Burial	23b. DATE 12/10/62	23c. NAME OF CEMETERY OR CREMATORY MARTIN Cemetery	23d. LOCATION (City, town, or county) Grundy Co. Mo.
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24. FUNERAL DIRECTOR J. Gordon Blackmore	ADDRESS Trenton, Mo.	25. DATE RECD. BY LOCAL REG. 12-10-62	26. REGISTRAR'S SIGNATURE Frederick J. Fair
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VS 300 Rev. 4/59
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3405
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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

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Duffy.

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 *Jy Gordon Blackmors*

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.