MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-005369
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 195

FILED FEB 25 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	5117
2	5117 2
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: 5 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Josephs Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2131 St. Joseph Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle FRANCIS Last MURPHY JR.
4. DATE OF DEATH: Month February Day 17 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH: 11/23/1884
9. AGE (last birthday): 78 — 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): Butcher
10b. KIND OF BUSINESS OR INDUSTRY: Packinghouse
11. BIRTHPLACE (City and state or country): St. Joseph Missouri
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: William F. Murphy
13b. MOTHER'S MAIDEN NAME: Lou Ann Nave
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Lucy Williams — Address: 2416 St. Joseph St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Unknown
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. ☐ 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 2/15/63, to 2/17/63 and last saw him alive on 2/16/63
Death occurred at 2:17A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Owen W. Craig M.D.
22b. ADDRESS: SOCIAL WELFARE BOARD 10th & Olive, St. Joseph, Mo.
22c. DATE SIGNED: 2/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/19/63
23c. NAME OF CEMETERY OR CREMATORY: Armstrong Cemetery
23d. LOCATION (City, town, or county): Rushville (State): Missouri

24. FUNERAL DIRECTOR: Flamer Funeral Home N.H.S. — ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Feb. 20, 1963
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

O.W.D. Craig M.D.

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 2-18-63

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 Charles E. Bennett

Signature of Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St Joseph 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.