

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=63-016532**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 160 Primary Registration District No. 5512 Registrar's No. 56

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10500  
20500

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED APR 24 1963**

1. PLACE OF DEATH  
 a. COUNTY Jefferson  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp. Length of stay in 1b 4 months  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mtn. View Conv. Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Jefferson  
 c. CITY OR TOWN Festus Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Rte. # 1 Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Annie Middle Ellen Last Murphy 4. DATE OF DEATH Month April Day 13 Year 1963

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Nov. 8, 1884 9. AGE (last birthday) 78 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James Howard Almany 13b. MOTHER'S MAIDEN NAME Martha Shepherd 14. NAME OF HUSBAND OR WIFE Joseph B. Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Donnell L. Almany, Rte. # 1, Festus, 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) Myocardial Damage  
 DUE TO (b) Arteriosclerosis Generalized  
 DUE TO (c) hypertension  
 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 12-27-62 to 4-13-63 and last saw her/him alive on 4-13-63. Death occurred at Festus Mo 10/10 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harry Gosket M.D. 22b. ADDRESS Festus Mo 22c. DATE SIGNED 4/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE April 15, 1963 23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Inc., Festus, Mo. 25. DATE RECD. BY LOCAL REG 4-15-63 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

APR 25 1963

**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

*Frank B. Virginia*

Licensed Embalmer No. 4976

P. O. Address Festus, 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.