

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031128

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 370 Primary Registration District No. 6258 Registrar's No. 109

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>WAYNE</b>	a. STATE <b>MO.</b>		b. COUNTY <b>WAYNE</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PATTERSON (RURAL)</b>	Length of stay in 1b	c. CITY OR TOWN <b>PATTERSON</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>RURAL</b>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>BONNIE</b>	Middle <b>MAE</b>	Last <b>MURPHY</b>	Month <b>July</b>	Day <b>24</b>	Year <b>1963</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/21/1897</b>	9. AGE (last birthday) <b>66</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <b>ROOMING HOUSE OP.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ROOMING HOUSE OP.</b>		11. BIRTHPLACE (City and state or country) <b>SACO, MO</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>JOHN WILLIAM GOAD</b>		13b. MOTHER'S MAIDEN NAME <b>IDA KING</b>	
14. NAME OF HUSBAND OR WIFE <b>JOHN F. MURPHY</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>DOROTHY HELM PATTERSON, MO</b>		Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)	<b>Metastatic Carcinoma of Intest.</b>	<b>3 months</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<b>9 months.</b>
	<b>Carcinoma of Colon</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 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 a.m. p.m. Month, Day, Year	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 10-9-62 to 7-24-63 and last saw her alive on July 3, 1963  
Death occurred at 2:15 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i>	(Dr. or title) <b>M. D.</b>	22b. ADDRESS <b>330 North Second Street Poplar Bluff, Missouri</b>	22c. DATE SIGNED <b>7-26-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>July 28 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREENVILLE</b>	23d. LOCATION (City, town, or county) (State) <b>GREENVILLE, MO.</b>
24. FUNERAL DIRECTOR <b>GISH</b>	ADDRESS <b>GREENVILLE, MO</b>	25. DATE RECD. BY LOCAL REG. <b>July 29 1963</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:  
 ITEM NO. SHOULD READ INSTEAD OF DOCUMENT  
 1 **1110**  
 2 **1110**  
 3  
 4 **1**  
 5 **2**  
 6  
 7 **0**  
 8 **2**  
 9 **153.8**  
 10  
 11  
 12 **95.0**  
 13 **20**

USE BLACK INK OR TYPEWRITER RIBBON

1 1963  
AUG 1 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 me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Marvin E. Daulton

Licensed Embalmer No. 4426

P. O. Address Redmont, 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.

*For use of the college...*