

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 2724

Primary Registration District No. 3052

Registrar's No. 288

STATE FILE NUMBER 63-035128

FILED AUG 26 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
1 0808				
2 0808				
3				
4 0				
5 2				
6				
7 1				
8 0				
9 181.0				
10				
11				
12 1-0				
13 1-0				
USE BLACK INK OR TYPEWRITER RIBBON		SHOULD READ	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>SEDALIA</u>		Length of stay in lb <u>2 yrs</u>	c. CITY OR TOWN <u>SEDALIA</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Bothwell</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1415 So. CARR</u>
3. NAME OF DECEASED (Type or print) First <u>EDWARD</u> Middle <u>Murphy</u> Last <u>Murphy</u>		4. DATE OF DEATH Month <u>August</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>JULY 9, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R. R. CLEVELAND, Ohio</u>	9. AGE (last birthday) <u>83</u>
13a. FATHER'S NAME <u>?</u>		13b. MOTHER'S MAIDEN NAME <u>?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>?</u>		16. SOCIAL SECURITY NO. <u>?</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatosis -</u> DUE TO (b) <u>metastatic carcinoma - lung -</u> DUE TO (c) <u>primary due to carcinoma of the bladder.</u>		17. INFORMANT <u>Mrs. Charles Moore, Sedalia Mo</u> Address <u>Sedalia Mo</u>	
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	
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 6f item 18.)	
20c. TIME OF INJURY Hour <u>?</u> Month, Day, Year <u>?</u> a.m. <u>?</u> p.m. <u>?</u>		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 <u>March 25</u> to <u>Aug 18 1963</u> and last saw <u>him</u> alive on <u>Aug 18 1963</u> Death occurred at <u>4:25 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas Jordan Humphreys MD</u>		22b. ADDRESS <u>Sedalia, Missouri</u>	
22c. DATE SIGNED <u>8-19-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 20, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u>	
23d. LOCATION (City, town, or county) <u>Council Bluffs, Iowa</u>		23e. STATE <u>Iowa</u>	
24. FUNERAL DIRECTOR <u>McLaughlin Bros.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 19, 1963</u>	
ADDRESS <u>Sedalia Mo</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby Anderson</u>	

AUG 30 1963

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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 J.P. McCreary

Licensed Embalmer No. 31153

P. O. Address Seaside, 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.