

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **63-043442**

Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 110

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0380

2 0380

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12 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry		c. CITY OR TOWN Albany	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Munroe's Rest Home		d. STREET ADDRESS (If outside, give location) 202 N. Hundley	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM THOMAS MURPHY		4. DATE OF DEATH Month Day Year November 21, 1963	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/5/68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) minister (retired)		10b. KIND OF BUSINESS OR INDUSTRY ministerial	11. BIRTHPLACE (City and state or country) Gentry Co., Missouri
13a. FATHER'S NAME Chasley Murphy		14. NAME OF HUSBAND OR WIFE Addie M. Murphy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		17. INFORMANT Address Mrs. Oren Wilson Albany, 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) arterio sclerosis, generalized DUE TO (b) unknown DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Decubitus skin ulcers			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 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 9 1962 to 11-21-63 and last saw him alive on 11-20-63		21. Death occurred at 6:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Albert L. Carlson MD		22b. ADDRESS Stanberry, Mo	
22c. DATE SIGNED 11-24-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov 23, 1963	23c. NAME OF CEMETERY OR CREMATORY Miller	
24. FUNERAL DIRECTOR ADDRESS Brooks-Cochell Funeral Home Albany, Mo.		25. DATE RECD. BY LOCAL REG. 11-26-'63	
		26. REGISTRAR'S SIGNATURE Mrs. A. W. Base	

Rec'd
11-26-63

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald E. Coohell

Licensed Embalmer No. 4868

P. O. Address Albany, 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.

RECEIVED NOV 27 1963

NOV 26 1963

ALBANY, MO. HEALTH DEPARTMENT