

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 234 STATE FILE NUMBER 20024362

DO NOT WRITE ON THIS STUB

AMENDED

UNFILED 23 64

VS 300
Rev. 4/59

10940
20940
3
4 0
5 1
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7 0
8 2
9 7954
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12 91-8
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

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY - St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Desloge - RANDOLPH TWP.		c. CITY OR TOWN Desloge	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to Hospital		d. STREET ADDRESS (If outside, give location) 401 Chestnut St.	
3. NAME OF DECEASED (Type or print) First Horace Middle John Last Murphy		4. DATE OF DEATH Month June Day 18th. Year 1964	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 21, 1906 - 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Worker	10b. KIND OF BUSINESS OR INDUSTRY Lead Company	11. BIRTHPLACE (City and state or country) Desloge, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Murphy		13b. MOTHER'S MAIDEN NAME Margaret Wells	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Edith Murphy, Desloge, Missouri		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be "Natural Causes"			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Investigated by Ted Boyer, Coroner of St. Francois County, Missouri.			
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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at 12.10A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Ethel Rudloff</i> Local Registrar		22b. ADDRESS Realty Bldg. Farmington, Missouri	
22c. DATE SIGNED 6-19-64		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/21/1964	23c. NAME OF CEMETERY OR CREMATORY St. Francois Memorial	23d. LOCATION (City, town, or county) Rt. 2, Bohne Terra, Mo
24. FUNERAL DIRECTOR G.Z. Boyer & Son Desloge, Mo		25. DATE RECD. BY LOCAL REG. June 19, 1964	26. REGISTRAR'S SIGNATURE <i>Ethel Rudloff</i>

JUN 30 1964

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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, Missouri

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.