

FILED JAN 15 1957

STANDARD CERTIFICATE OF DEATH

43602

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11802

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Francis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Yes <input type="checkbox"/> No <input type="checkbox"/> TOWN				c. CITY OR TOWN <u>Bonne Terre</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>St Luke's Hosp. 5 Days</u>				d. STREET ADDRESS (If outside, give location) <u>Reside on Farm</u> Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Robert Lee Murphy</u> First Middle Last				4. DATE OF DEATH <u>Dec 15 1956</u> Month Day Year			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 19 - 1886 70</u>	
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY <u>Self Emp.</u>		11. BIRTHPLACE (City and state or country) <u>Bonne Terre</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>				11. BIRTHPLACE (City and state or country) <u>Bonne Terre</u>			
13. FATHER'S NAME <u>John. Murphy</u>				14. MOTHER'S MAIDEN NAME <u>Hustine Pratt</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ethel Murphy Bonne Terre</u> Address	
18. CAUSE OF DEATH [Enter only one cause for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Pulmonary Emboli.</u> <u>Multiple Pulmonary Emboli.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>unknown</u> <u>unknown</u> DUE TO (c) <u>unknown</u> <u>unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>1 month.</u>	
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, Month, Day, Year a. m. p. m.			December 15, 1956 at 10:15 A. M.				
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>12-23-56</u> to <u>12-15-56</u> and last saw <u>her</u> alive on <u>12-15-56</u> Death occurred <u>10:15 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. B. Beare</u> (Degree or title)				22b. ADDRESS <u>37 70 W. Wash. Ave.</u>		22c. DATE SIGNED <u>12/17/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. NAME OF CEMETERY OR CREMATORY		23c. LOCATION (City, town, or county)		23d. (State)	
<u>12-19-56</u>		<u>St Francis Memorial Park</u>		<u>Bonne Terre Mo</u>			
24. FUNERAL DIRECTOR <u>Sparko Funeral Home.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>DEC 24 1956</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u> <u>MOB</u>	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

300
-56Health,
Welfare,
Public
Service

4561 2 100

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 *Ewertt Parker*

Licensed Embalmer No. *42*
P. O. *Down Lane*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.