MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 Registration District No. 1003 Primary Registration District No. 2387 Registrar's No. 0012604 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED MRF FILED 1964

VS 300
Rev. 4/59

1
2 11940
3
4 0
5 1
6
7
8 2
9
10
11
12 81.0
13

81

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 14 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Luke's Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St.Francois
c. CITY OR TOWN Bonne Terre
Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location) RFD 2
Reside on Farm: Yes X No ☐

3. NAME OF DECEASED (Type or print): First Peter Middle Augustus Last Murphy

4. DATE OF DEATH: Month March Day 6, Year 1964

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ ? Divorced ☐

8. DATE OF BIRTH: 8/21/1891

9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months 7 Days 14 Hours Min.
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Bonne Terre Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John Wesley Murphy

13b. MOTHER'S MAIDEN NAME: Augustine Pratte

14. NAME OF HUSBAND OR WIFE: Genevra Blackwell

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.: None

17. INFORMANT Address: Mrs. Genevra Murphy, Bonne Terre, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Uremia — INTERVAL BETWEEN ONSET AND DEATH: years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Renal Disease — years
DUE TO (c): Benign Prostatic Hypertrophy — months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 610 X
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 3-22-64 to 4-6-64 and last saw him alive on 3-6-64
Death occurred at 2 pm. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Byron Pratt M.D.

22b. ADDRESS 3720 Wards Ave

22c. DATE SIGNED 3/11

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Mar. 10, 1964

23c. NAME OF CEMETERY OR CREMATORY Moontown Cemetery

23d. LOCATION (City, town, or county) (State) Rt. 2, Bonne Terre, Mo.

24. FUNERAL DIRECTOR ADDRESS: Sparks Funeral Home Bonne Terre

25. DATE RECD. BY LOCAL REG. MAR 13 1964

26. REGISTRAR'S SIGNATURE. Ward Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 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 Everett D Sparks

Licensed Embalmer No. 4287

P. O. Address Bonne Terre 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.