

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39530  
State File No. ....  
Registrar's No. .... 76

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centertown - Rural</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sathaw Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Olivia</u> b. (Middle) _____ c. (Last) <u>Murphy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 1 - 1879</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Cole County Mo.</u>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James Marshall Young</u>	13b. MOTHER'S MAIDEN NAME <u>Clark</u>	14. NAME OF HUSBAND OR WIFE <u>Fred Y. Murphy</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dewey Eckenberger Eldon Mo</u> ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular disease</u> <u>&amp; hypertension</u> DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Bronchial Asthma</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Nov 4, 1952, to Nov 8, 1952, that I last saw the deceased alive on Nov 8, 1952, and that death occurred at 4:42 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edgar S. Gibbs M.D.</u>	23b. ADDRESS <u>California</u>	23c. DATE SIGNED <u>Nov 10 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-11-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery</u>
DATE REC'D BY LOCAL REG. <u>11/15/52</u>	REGISTRAR'S SIGNATURE <u>H.L. Popejoy A.L.R.</u>	24d. LOCATION (City, town, or county) (State) <u>Centertown Mo.</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u> ADDRESS <u>California Mo</u>		

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*Hugh E Williams*

Licensed Embalmer No. 3537

P. O. Address California 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 this body is not embalmed, fact should be so stated above.