

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003901

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

157

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>FILED JAN 16 1963</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
Length of stay in 1b <b>47 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5063 Northland Ave.</b>		d. STREET ADDRESS (If outside, give location) <b>5063 Northland Ave.</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)		First Middle Last <b>CLARENCE R. MURPHY</b>		4. DATE OF DEATH Month Day Year <b>January 6, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-7-1898</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired - Dentist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Office</b>		11. BIRTHPLACE (City and state or country) <b>Kenny, Pennsylvania</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Patrick Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Cecelia Dunn</b>	
14. NAME OF HUSBAND OR WIFE <b>Irene (Phelan) Murphy</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES W.W.#1</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Irene Murphy, 5063 Northland Ave.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	

IMMEDIATE CAUSE (a) <b>Advanced carcinomatosis to bones, brain, peritoneum</b>		DUE TO (b) <b>Adenocarcinoma of prostate</b>		DUE TO (c) <b>177X</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					

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	
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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.	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 <b>Oct. 31, 1957</b> to <b>Jan. 6, 1963</b> and last saw him alive on <b>Jan. 6, 1963</b>	
Death occurred at <b>11:45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <b>John T. Sauton, M.D.</b>		22b. ADDRESS <b>634 N. Grand Blvd.</b>		22c. DATE SIGNED <b>Jan. 7, 1963</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 9, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>		24. FUNERAL DIRECTOR <b>CALVIN F. FEUTZ, 4828 Natural Bridge Bl.</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 7 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>					

USE BLACK INK  
OR  
TYPEWRITER RIBBONAMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

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Dr. John Lawton  
Mo. Thea Bldg.  
JE 3-3076

HOURS: Monday till 1 PM  
Tuesday, 8 AM to 1 PM

# 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

*Robert E. Muhleman*

Licensed Embalmer No. 4916

P. O. Address St. Louis, 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.