

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12589

State File No.

FILED APR 16 1949

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1405</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>KANSAS CITY</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR <u>KANSAS CITY</u>			
c. LENGTH OF STAY (in this place) <u>50 years</u>				d. STREET ADDRESS (If rural, give location) <u>5331 Highland</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5331 Highland</u>				(3 years)			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>John</u>		<u>Thomas</u>		<u>Murray</u>		4. DATE OF DEATH <u>March 27, 1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>about 80</u>	
9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		10. UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Ireland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>unknown</u>		13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sister Emily</u> <u>5331 Highland</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> 10 Months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility & Myocardial Degeneration</u> 2 years DUE TO (c) <u>4221</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arterio-sclerosis</u> 20 years				INTERVAL BETWEEN ONSET AND DEATH <u>10 Months</u> <u>2 years</u> <u>20 years</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>---</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>---</u>	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>---</u>					
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>46</u> to <u>Mar</u> 19 <u>49</u> , that I last saw the deceased alive on <u>Mar 27</u> , 19 <u>49</u> , and that death occurred at <u>1:30AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John T. Skinner</u> MD (Degree or title)				23b. ADDRESS <u>1102 Grand Ave K.C. Mo</u>		23c. DATE SIGNED <u>3/28/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/30/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saint Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-28-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John</u>		ADDRESS <u>20 West Linwood</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Maudie Adair

Licensed Embalmer No. 4016

P. O. Address 2026 Linwood

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.