

FILED OCT 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30592
State File No. 4013

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 1220 East 59th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 East 59th St.			
3. NAME OF DECEASED a. (First) Thomas b. (Middle) Joseph c. (Last) Murphy, sr.			4. DATE OF DEATH (Month) (Day) (Year) Sept. 20, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Dec. 3, 1884
9. AGE (In years last birthday) 65 years	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrical	11. BIRTHPLACE (State or foreign country) Water Dept-Mt. Leonard, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY Engineer-K.C., Mo.		
13a. FATHER'S NAME Wm. Murphy		13b. MOTHER'S MAIDEN NAME Ann Burke	
14. NAME OF HUSBAND OR WIFE Mary Murphy			
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'S SIGNATURE OR NAME ADDRESS Mrs Marie Moffitt 1220 E. 59th St.			
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) Carcinoma of Stomach INTERVAL BETWEEN ONSET AND DEATH 6 mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (m.)		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 July 16, 1950 , to Sept 20, 1950 , that I last saw the deceased alive on Sept 20, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE John B. Skinner		23b. ADDRESS 1402 Bryant Blvd, K.C., Mo.	
23c. DATE SIGNED 9-22-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 23, 1950	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City/town, or county) (State) K.C., Mo.	
DATE REC'D BY LOCAL REG. 9-22-50		REGISTRAR'S SIGNATURE Sheraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas E. Quirk		ADDRESS 4316 Troost Ave.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING 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

Signed.....
Student Embalmer

Licensed Embalmer No. 13775

P. O. Address A. E. M.

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.