

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33638**BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4393**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 36 Yrs		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3439 East Seventh St.		d. STREET ADDRESS (If rural, give location) 3439 East Seventh St., 3148		
3. NAME OF DECEASED a. (First) William (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 17 1950	
b. (Middle) John			c. (Last) Murphy	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7 1875	
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engine Foreman		10b. KIND OF BUSINESS OR INDUSTRY K.C. Terminal Rwy.	11. BIRTHPLACE (State or foreign country) Burlington, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME William C. Murphy		13b. MOTHER'S MAIDEN NAME Mary Kavanaugh	14. NAME OF HUSBAND OR WIFE Mrs Emma Murphy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Mary C. Murphy, Burlington, Iowa		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Syphilitic Aortitis and Aortic Stenosis DUE TO (c) Aortic Regurgitation and Arteriosclerosis 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia			INTERVAL BETWEEN ONSET AND DEATH 023 X
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 1, 19 50 to Oct. 17, 19 50 , that I last saw the deceased alive on Oct. 16, 19 50 , and that death occurred at 12:45a m. , from the causes and on the date stated above.				
23a. SIGNATURE William P. Adams (Degree or title) DR. William P. Adams D.D.		23b. ADDRESS 1145 Prospect	23c. DATE SIGNED July 17, 19	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 19 1950	24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	24d. LOCATION (City, town, or county) (State) Burlington, Iowa	
DATE REC'D BY LOCAL REG. 10-17-50	REGISTRAR'S SIGNATURE Sheraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster Kansas City, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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 Dean Owens

Signed.....
Student Embalmer

Licensed Embalmer No. 4280

P. O. Address R.C., 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.