

FILED DEC 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37146**

BIRTH NO. **74022-50** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **4900**

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 OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 327 Ord
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			d. STREET ADDRESS (If rural, give location) 327 Ord		

3. NAME OF DECEASED (Type or Print) EDWARD B. McMurray			4. DATE OF DEATH (Month) (Day) (Year) 11-20-50		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT (1)	8. DATE OF BIRTH 11-16-50		9. AGE (In years last birthday) 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MO		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME EDWARD McMurray		13b. MOTHER'S MAIDEN NAME VINCIE SERRONE		14. NAME OF HUSBAND OR WIFE EDWARD McMurray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME EDWARD McMurray ADDRESS 327 ORD	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) atelectasis of lungs			4 days
	ANTECEDENT CAUSES			
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			6 1/2 Mo
	DUE TO (b) prematurity			
	DUE TO (c)			
	II. OTHER SIGNIFICANT CONDITIONS			7625
	Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION nt	19b. MAJOR FINDINGS OF OPERATION no		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?		
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22. I hereby certify that I attended the deceased from **11/16** 19**50**, to **11/20**, 19**50**, that I last saw the deceased alive on **11/20**, 19**50** and that death occurred at **9:30** m., from the causes and on the date stated above.

23a. SIGNATURE John T. Skinner (Degree or title)		23b. ADDRESS Kansas City MO		23c. DATE SIGNED 11/21/50	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Nov 21-50	24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO		
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DATE REC'D BY LOCAL REG. 11-21-50	REGISTRAR'S SIGNATURE Geraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Passavant & Bros KCMO		
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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 J. S. Walton

Signed.....
Student Embalmer

Licensed Embalmer No. 2744

P. O. Address. R.C. 200

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.