

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28196

3285

FILED AUG 25 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | |
| c. LENGTH OF STAY (in this place) 2 1/2 Yrs. | | d. STREET ADDRESS (If rural, give location) 5911 WYANDOTTE | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5911 WYANDOTTE | | 83 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) MAUDE b. (Middle) MURDOCK c. (Last) MURDOCK | | 4. DATE OF DEATH (Month) (Day) (Year) 7 - 18 - 52 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH July 6, 1903 |
| 9. AGE (In years last birthday) 49 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | 10b. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME WILLIAM ALBRIGHT | 13b. MOTHER'S MAIDEN NAME SARAH RUDER | 14. NAME OF HUSBAND OR WIFE JOE M. MURDOCK |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOE M. MURDOCK 5911 WYANDOTTE |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pathogenic E. Coli. Excess stool cyanide</i> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>poison</i> DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | E 8930 1952-14 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 123 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE <i>suicide</i> (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Kansas City Johnson Mo</i> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-18-52 4:30 PM | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <i>Harsh solution containing Poison.</i> |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Geo. C. Kealhofer, M.D.</i> (Degree or title) | 23b. ADDRESS <i>6050 Boulevard South</i> | 23c. DATE SIGNED 7-18-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-21-52 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Washington | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
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| DATE REC'D BY LOCAL REG. 7-21-52 | REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE K.C., MO. |
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Eugene J. Korman

Licensed Embalmer No.

4677

P. O. Address

Kansas City, 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.