

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6169**
907

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

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) 46 years		d. STREET ADDRESS (If rural, give location) 5837 East 11th	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

32-08

3. NAME OF DECEASED (Type or Print) MISS MARIE AGNES MURPHY			4. DATE OF DEATH Feb 9 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH May 13 1906		9. AGE (In years last birthday) 46		10. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S.		

13a. FATHER'S NAME MICHAEL MURPHY		13b. MOTHER'S MAIDEN NAME NELLIE CLARK		14. NAME OF HUSBAND OR WIFE none	
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 Dennis M. Murphy ADDRESS 824 West 35th	

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) Coronary arteriosclerosis ANTECEDENT CAUSES Myocardial infarction due to morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Recurrent heart disease II. OTHER SIGNIFICANT CONDITIONS. none Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 weeks 7 years 30 years 410X	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none			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) (Min.)		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 1940, 19 , to 2-9, 1953, that I last saw the deceased alive on 2-9, 1953, and that death occurred at 3:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE John T. Skinner (Degree or title) MD		23b. ADDRESS 1109 Grand St. CMO		23c. DATE SIGNED 2-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 11 1953		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri					

DATE REC'D BY LOCAL REG. 2-11-53		REGISTRAR'S SIGNATURE Steraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Durbin & Pugh ADDRESS 20 W Linwood	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

