

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25031**
3368

FILED **22968**
JUL 24 1953

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 Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo.	c. LENGTH OF STAY (in this place) 7-days	c. CITY (If outside corporate limits, write RURAL and give township) Carrollton, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital KCMo.		d. STREET ADDRESS (If rural, give location) 907 Park	
3. NAME OF DECEASED a. (First) Mary b. (Middle) Louise c. (Last) Murray		4. DATE OF DEATH (Month) (Day) (Year) 7 6 1953	
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 4-13-53
9. AGE (In years last birthday) 24 2/3		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Carrollton Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Gorden Murray		13b. MOTHER'S MAIDEN NAME McBratney, Virginia	
14. NAME OF HUSBAND OR WIFE —		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 Gorden Murray - Carrollton Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH 49 1/2
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE 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)	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 **6-29, 1953**, to **7/6, 1953**, that I last saw the deceased alive on **7/6, 1953**, and that death occurred at **12:09 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harry M. Gilkey	(Degree or title) D	23b. ADDRESS 1624 Prof. Bldg.	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 6-1953	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Carrollton Missouri
DATE REC'D BY LOCAL REG. 7-6-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. E. R. Foster 718 Brooklyn W.C. Mo.	

(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.....

J. Virgil Herne
Licensed Embalmer No. *3599*
P. O. Address *A. C. Mo.*

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.