

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36011**  
**5069**

FILED NOV 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. \_\_\_\_\_

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City, center city</u>	d. Is Residence within limits of a city or incorporated town? No <input type="checkbox"/> Yes <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>11 mo.</u>		e. STREET ADDRESS (If rural, give location) <u>111 South Ash</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CONV. HOME</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) <u>Michael</u>		a. (First) _____ b. (Middle) <u>D.</u> c. (Last) <u>Murphy</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. 21, 1953</u>	
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<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Apr. 28, 1867</u>	<b>9. AGE</b> (In years last birthday) <u>86</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 1 HR.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Hotel Clerk</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Bramblee Hotel</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Keokuk, Iowa</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S.</u>
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<b>13a. FATHER'S NAME</b> <u>Michael B. Murphy</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary McQuency</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Lydia Murphy</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b> <u>487-26-1791</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Lydia Murphy</u>	<b>ADDRESS</b> <u>1625 Jackson</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>1-2 days</u>  <u>20 yrs</u>  <u>331X</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <u>Cerebral hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Senile</u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** Sept. 1953, to Oct 20, 1953, that I last saw the deceased alive on 10/20, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>L. E. Riller</u> (Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>K.C., Mo</u>	<b>23c. DATE SIGNED</b> <u>10/23/53</u>
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<b>24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>10/24/53</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Moberly Cemetery</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>Moberly, Missouri</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>10-23-53</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Heraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Earp &amp; Sons</u>	<b>ADDRESS</b> <u>4139 Truman Rd. K.C. Mo.</u>
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NOV 15 1928

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.....  
Signature of Student Embalmer

Signed... *William H. Carey* .....

Licensed Embalmer No... *4728* .....

P. O. Address... *H. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.