

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19076**
2709

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 OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **2620 Prospect**

STREET ADDRESS (If rural, give location) **2620 Prospect**

3. NAME OF DECEASED
a. (First) **Verna** b. (Middle) **Denise** c. (Last) **Murphy**

4. DATE OF DEATH (Month) (Day) (Year) **June 14, 1954**

5. SEX **Female**

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **never married**

8. DATE OF BIRTH **Jan. 23, 1953**

9. AGE (In years last birthday) **1 yr** IF UNDER 1 YEAR Months Days IF UNDER 48 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **infant**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Kansas**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Hershell Murphy**

13b. MOTHER'S MAIDEN NAME **Susie Hobson**

14. NAME OF HUSBAND OR WIFE **none**

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 ADDRESS **Hershell Murphy 2620 Prospect**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Bronchopneumonia**
ANTECEDENT CAUSES **Congenital Atresia Bile Ducts**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **7562**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **operated 11 of Pan.**

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1-10, 1954**, to **June 14, 1954**, that I last saw the deceased alive on **6-14, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Harry M. Gilkey** (Degree or title) **MD**

23b. ADDRESS **16240 2nd St**

23c. DATE SIGNED **6-16-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **6-16-54**

24c. NAME OF CEMETERY OR CREMATORY **Lincoln**

24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **6-16-54**

REGISTRAR'S SIGNATURE **Seraldine Smith**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Watkins Bros. 18th & Benton**

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.....
Signature of Student Embalmer

Signed..... *Bruce R. Wethers*

Licensed Embalmer No. *45*

P. O. Address *18 - 4 - Bu*

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.