

FILED JAN 5 1955

STANDARD CERTIFICATE OF DEATH

40397
State File No. 5758
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY CLAY	
b. CITY OR TOWN KANSAS CITY, NORTH	c. LENGTH OF STAY (in this place) township) 15 Yrs	c. CITY OR TOWN KANSAS CITY, Mo	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 635 East 45th Terrace		STREET ADDRESS (If rural, give location) 635 East 45th Terrace 50680	

3. NAME OF DECEASED (Type or Print) a. (First) Cornelius b. (Middle) J. c. (Last) MURPHY	4. DATE OF DEATH (Month) (Day) (Year) Dec 13, 1954
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 4, 1894	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER, 1st Meth. Church, N. K.C.	10b. KIND OF BUSINESS OR INDUSTRY CHURCH	11. BIRTHPLACE (City and State or Foreign Country) SCRANTON, PA.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME John Murphy	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Louise Murphy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) BRITISH ARMY: WW I	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME WILTON W. MURPHY	ADDRESS K.C. Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery heart Disease ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis of coronary arteries DUE TO (c) none		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **Dec 1, 1954** to **13 Dec, 1954**, that I last saw the deceased alive on **12 Dec**, 1954, and that death occurred at **5:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Edw. H. Fischer (Degree or title) M.D.	23b. ADDRESS 306 E 21st NKC MO	23c. DATE SIGNED 12-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-16-54	24c. NAME OF CEMETERY OR CREMATORY White Chapel M.C. Clay Co. Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 12-16-54	REGISTRAR'S SIGNATURE Reva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE DW. Newsomers	ADDRESS No. 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.....
Signature of Student Embalmer

Signed *John Walsbeck*

Licensed Embalmer No. *494*

P. O. Address *No. Kansas*

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.