FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22295

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2756

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4325 Harrison St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): 4325 Harrison St. 366 9

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Murty

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 1, 1872
9. AGE (In years last birthday): 82 years — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining (Coal)
11. BIRTHPLACE (City and State or Foreign Country): Pittston, Pa.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Thomas Murty
13b. MOTHER'S MAIDEN NAME: Bridget Curran
14. NAME OF HUSBAND OR WIFE: Margaret Murty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 496-07-8432
17. INFORMANT'S SIGNATURE OR NAME: James H. Murty
ADDRESS: 4325 Harrison KC, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPOSTATIC PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) MYOCARDIAL DECOMPENSATION — 3 WEEK.
DUE TO (c) SHOCK — FELL DOWN STAIRWAY — 3 WEEKS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SENILITY — E9500.1

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): FELL DOWN STAIRWAY
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP): KANSAS CITY (COUNTY): JACKSON (STATE): MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): MAY 31 1955 3 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? WITHOUT LIGHTS ON FELL DOWN STAIRWAY AT NIGHT

22. *I hereby certify that I attended the deceased from* 5-31, 1955, *to* 6-26, 1955, *that I last saw the deceased alive on* 6-25, 1955, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles A. Schwab (Degree or title): Charles A. Schwab D.O.
23b. ADDRESS: Overland Park, Kans.
23c. DATE SIGNED: 6-27-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal (auto)
24b. DATE: June 28, 1955
24c. NAME OF CEMETERY OR CREMATORY: St. Mary's
24d. LOCATION (City, town, or county) (State): Pittsburg, Kas.

DATE REC'D BY LOCAL REG.: 6-28-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thos. E. Quirk 4316 Troost Ave.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas E. Quick

Licensed Embalmer No. 377

P. O. Address Kansas Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.