

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32301

State File No. ....

FILED OCT 24 1955

BIRTH NO. 62738-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1111

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>6 Hrs.</u>		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 <u>St. Joseph's Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>3203 Mark Twain</u> <u>01170</u>	
3. NAME OF DECEASED a. (First) <u>JAMES</u>		b. (Middle) <u>JOSEPH</u>	
c. (Last) <u>MCMURRAY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16 1955</u>	
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <input checked="" type="checkbox"/> White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Oct. 16/55</u>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours Min. <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Wm. Kenneth McMurray</u>	13b. MOTHER'S MAIDEN NAME <u>Peggy Igoe</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Kenneth McMurray</u> ADDRESS <u>St. Joseph</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Partial Placental Detach</u> DUE TO (c) <u>2 wks +</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7615</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS 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 <u>Oct 10/16/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10/16, 1955</u> and that death occurred at <u>7:50 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thos Pederson MD</u> (Degree or title)		23b. ADDRESS <u>St Joseph, Mo</u>	
23c. DATE SIGNED <u>10/18/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 17/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Oct 21, 1955</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barry Funeral Home, St. Joseph</u> ADDRESS	

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 <sup>not</sup> embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Eusea Clark*.....

Licensed Embalmer No... 42

P. O. Address *St. Paul*.....

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.