

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10723**
5383BIRTH 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 Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) Gould Hotel 8th & State	
3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) Louise c. (Last) Murphy		4. DATE OF DEATH (Month) (Day) (Year) Dec 9, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 2, 1888
9. AGE (In years last birthday) 67 yrs		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec. Retired		10b. KIND OF BUSINESS OR INDUSTRY Boilermakers Union	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Raymond Andlauer	
13b. MOTHER'S MAIDEN NAME Lena Hurla		14. NAME OF HUSBAND OR WIFE Thomas J. Murphy	
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. 510-07-2144	
17. INFORMANT'S SIGNATURE OR NAME Jerome T. Murphy (son)		ADDRESS 6126 Ballentine Shawnee, Ks.	
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) Acute Toxic Hepatitis - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Obstruction High DUE TO (c) Chr Adhesive Peritonitis. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Peritonitis 583X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Obstruction	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH years	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE Russell W. Kerr MD (Degree or title)		23b. ADDRESS St. Joseph West 7th St	
23c. DATE SIGNED Dec 12, 1955		24. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	
24a. BURIAL CREMATION (Specify) Burial		24b. LOCATION (City, town, or county) (State) Kansas City, Kansas	
25. FUNERAL DIRECTOR'S SIGNATURE Neva Minshall		ADDRESS Jos. A. Butlers Sons, 22S. 18th, K.C.K.	
DATE REC'D BY LOCAL REG. 12-11-55		25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butlers Sons, 22S. 18th, K.C.K.	

(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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Paul W. Moore*

Licensed Embalmer No. *472*.....

P. O. Address *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.