

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4958**
REG. DIST. NO. **149**
PRIMARY REG. DIST. NO. **1002**
Registrar's No. **836**

FILED MAR 14 1956

BIRTH NO. 3896634-56		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 836					
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. Residence within limits of city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Menora Medical Center				11. STREET ADDRESS (If rural, give location) 327 ORD				2100			
3. NAME OF DECEASED (Type or Print) a. (First) Vincent			b. (Middle) Carl			c. (Last) McMurray					
4. DATE OF DEATH (Month) (Day) (Year) 2-23-56		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D		8. DATE OF BIRTH 1-10-56			
9. AGE (In years last birthday) 1		IF UNDER 1 YEAR Months 1		IF UNDER 1 DAY Days 13		IF UNDER 2 Hrs. Hours 		IF UNDER 2 Min. Mins. 			
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, MO			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME EDWARD McMURRAY				13b. MOTHER'S MAIDEN NAME VIRGIE SBERONE				14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE			17. INFORMANT'S SIGNATURE OR NAME EDWARD McMURRAY				ADDRESS KCMO	
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) Evisceration abdominal organs, Generalized peritonitis ANTECEDENT CAUSES 3rd peritonitis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastro-ENTERITIS SEVERE DUE TO (c) Dilatation, hemorrhage, + small ulcerations, small intestine						INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 1/10 , 19 56 , to 2/23 , 19 56 , that I last saw the deceased alive on 2/23 , 19 56 , and that death occurred at 2:08 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE Julius M. Kantor (Degree or title) M.D.						23b. ADDRESS 701 E 63 Kansas City, Mo			23c. DATE SIGNED 2/29/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-25-1956		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEM.			24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO				
DATE REC'D BY LOCAL REG. 2-24-56		REGISTRAR'S SIGNATURE Neva Marshall			FUNDAL DIRECTOR'S SIGNATURE TASSANTINO Beas			ADDRESS KCMO			

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 *Ronald A. Passantino*

Licensed Embalmer No. *4554*

P. O. Address *Ke Mo*

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.