THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 38169

FILED NOV 28 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4905

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION 2114 E. 70th St. Terr. — Length of stay in Hospital 34 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 2114 E. 70th St. Terrace — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First FLOYD Middle VERNE Last MURDOCK

4. DATE OF DEATH Month NOVEMBER Day 11 Year 1956

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH OCTOBER 8, 1884

9. AGE (In years last birthday) 72 — 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 6 YRS - SALES DEPT

10b. KIND OF BUSINESS OR INDUSTRY CORN PRODUCTS REFINING

11. BIRTHPLACE (City and state or country) JANESVILLE, WISCONSIN

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME FLOYD D. MURDOCK

14. MOTHER'S MAIDEN NAME MAGGIE INMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 487-03-1019

17. INFORMANT MRS. MALINDA B. MURDOCK Address 2114 E. 70th St. Terr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH 1 HOUR
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c) — 4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1954 to 11-11-1956 and last saw her/him alive on 11-9-56
Death occurred at 3:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. W. Butcher (Degree or title) MD

22b. ADDRESS 1805 E 80 KC Mo

22c. DATE SIGNED 11-12-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE Nov. 13, 1956

23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery

23d. LOCATION (City, town, or county) Kansas City (State) Missouri

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 3331 Brush Creek Kansas City, Mo.

25. DATE RECD. BY LOCAL REG. 11-13-56

26. REGISTRAR'S SIGNATURE neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. W. Butcher

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chester K Brown

Licensed Embalmer No. 4

P. O. Address KCV

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