

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1404

State File No. _____

13

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>10 years</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St Lukes Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1214 E 82 Terr</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>D.</u> c. (Last) <u>Murphy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-57</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		8. DATE OF BIRTH <u>12-13-81</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ossining, New York</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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13a. FATHER'S NAME <u>Hugh Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Johanna Ryne</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Murphy</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>121-16-8962</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Katherine Murphy</u> ADDRESS <u>1214 E 82nd Terr.</u>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>metastatic adenocarcinomatosis</u> ANTECEDENT CAUSES <u>Primary source? (p.m.c.)</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>6 mths</u> <u>1999</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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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? _____	
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22. I hereby certify that I attended the deceased from Oct 1, 1955, to Jan 2, 1957, that I last saw the deceased alive on Jan 1, 1957, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) of <u>Raymond W O'Brien M.D.</u>		23b. ADDRESS <u>4620 J.C. Nichols Plany Kan City, Mo</u>		23c. DATE SIGNED <u>1-2-57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 4, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>1-3-57</u>		REGISTRAR'S SIGNATURE <u>new minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Muehlebach Funeral Home</u> ADDRESS <u>6800 Troost.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Raymond W. O'Brien

4143

545

April - 1870

1870-1871

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 *Richard E. Nichols*

Licensed Embalmer No. *499*

P. O. Address *Geo. Street*

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.