FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24739
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3118

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 (If NOT in hospital, give location) 3800 Wyoming — Length of stay in Institution 25 yrs

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) 3800 Wyoming — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First CHARLES Middle W. Last MURPHY

4. DATE OF DEATH: Month 7 Day 3 Year 57

5. SEX Ma

6. COLOR OR RACE Wh

7. MARRIED X NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH 9-14-1889

9. AGE (In years last birthday) 67

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) Ret Cook

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (City and state or country) Oskaloosa, Kansas

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Wm. W. Murphy

14. MOTHER'S MAIDEN NAME Katherine Kelley

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

16. SOCIAL SECURITY NO. 496-09-9955

17. INFORMANT Address Mrs. Eva B. Murphy, 3800 Wyoming

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio-vascular Dis 5-6 yrs
DUE TO (c)
4221

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 2

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 Jan, 1950, to July 3, 1957 and last saw him alive on July 1, 1957
Death occurred at 7:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Adrian J. Brown M.D. (Degree or title)

22b. ADDRESS 4526 Paseo K.C. Mo

22c. DATE SIGNED 5 July 57

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

23b. DATE 7-6-57

23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet

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

24. FUNERAL DIRECTOR Wagner Funeral Home ADDRESS K C Mo

25. DATE RECD. BY LOCAL REG. 7-5-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Adrain J. Brown

RE 1 - 1166

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 Alvin R. H

Licensed Embalmer No. 41

P. O. Address K. C.

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.