

FILED SEP 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
32065
4194

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

1. PLACE OF DEATH a. COUNTY JACKSON		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JULY 4 - 1912		9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and state or country) KANSAS CITY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION STEAPATHIC Hospital		Length of stay in lb 45 YEARS		9. STREET ADDRESS 5723 SWOPE PARKWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		4. DATE OF DEATH SEPT - 6 - 1957		13a. FATHER'S NAME DR. GEORGE E. HILBERT		13b. MOTHER'S MAIDEN NAME ETHEL MAE STONE		14. NAME OF HUSBAND OR WIFE HERBERT C. MURPHY			
3. NAME OF DECEASED (Type or print) FRANCES G. 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. 500-14-9562		17. INFORMANT HERBERT C. MURPHY		Address 5723 SWOPE PARKWAY KANSAS CITY MO.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia & Pulmonary Edema DUE TO (b) Uremia - due to Hydronephrosis & Pyelonephritis DUE TO (c) Carcinoma of Ovary & Metastasis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 175h		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 8-26-57 to 9-6-57 and last saw her alive on 9-5-57 Death occurred at 5:45A. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE D.W. BURROFF, D.O.		22b. ADDRESS 500 Bryans Bldg.		22c. DATE SIGNED 9-6-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE SEPT-7-1957		23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		24. FUNERAL DIRECTOR D.W. NEW COMERSONS		25. DATE RECD. BY LOCAL REG. 9-7-57		26. REGISTRAR'S SIGNATURE Neva Marshall		ADDRESS 1351 K.C. MO BRUSH CREEK BLV					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

D. W. Burroff

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

NO 2
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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 *Robert Ray*

Licensed Embalmer No. *4182*

P. O. Address *K. C., 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.**