

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 8 1957

37914
STATE FILE NUMBER
10320

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10320**

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If outside, give location) 6170 Kingsbury	
Length of stay in lb		2059	
3. NAME OF DECEASED (Type or print) First Foster Middle P. Last Murdock			4. DATE OF DEATH Month October Day 31 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7, 1907
9. AGE (In years birthday) 50		10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Certified Pub. Acct.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Galena, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Robin E. Murdock	
13b. MOTHER'S MAIDEN NAME Maude Foster		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 493-20-4389	
17. INFORMANT Louise Parker, 6170 Kingsbury		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant Hypernephroma, Right Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastases to Lung & Bone DUE TO (c) 180x			INTERVAL BETWEEN ONSET AND DEATH 10 month
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 <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 April 21, 1956 to Oct. 31, 1957 and last saw him alive on Oct. 31, 1957 Death occurred at 2.00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hiram L. Luzzitt M.D. (Degree or title)		22b. ADDRESS 3720 Washington Blvd	
22c. DATE SIGNED Nov. 1, 1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-4-57	23c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery	23d. LOCATION (City, town, or county) (State) Galena, Kansas
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. NOV 1 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith MD <i>m JB</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Missouri
 X St. Louis
 X St. Luke's Hospital
 October 31, 1957
 Murbock P. Foster
 X June 7, 1907
 White
 U.S. Galena, Kansas Certified Emb. Acct.
 None Mande Foster Robin E. Murbock
 DIVO KANSAS Louise Barker, DIVO KANSAS Wm H

DEC 3 1957

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 *J. Wm Bunkley*
 Licensed Embalmer No. *3653*
 P. O. Address *811 Lawrence St*

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.

Albert H. Hoppe, YOU, Washington D.C.