

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014359

STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1675

300 0
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 8150 a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Merriam 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		Length of stay in 1b 1 month	d. STREET ADDRESS (If outside, give location) 5627 Newton Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MRS. WILLA MURPHY			4. DATE OF DEATH Month Day Year March 30, 1958	
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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 May 1, 1907	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Music Teacher	10b. KIND OF BUSINESS OR INDUSTRY Music	11. BIRTHPLACE (City and state or country) Trenton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry A. Ward	13b. MOTHER'S MAIDEN NAME Emma L. Chambers	14. NAME OF HUSBAND OR WIFE Leslie Murphy
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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) No	16. SOCIAL SECURITY NO. 489-44-1281	17. INFORMANT Leslie Murphy	Address 5627 Newton, Merriam
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Adenocarcinoma of Liver (complete replacement) - peritoneum & mesentery DUE TO (b) Adenocarcinoma of Transverse Colon DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6 Mos. 7 Mos. known. 1531
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 0		

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Feb. 24, 1958 to 30 March 58 and last saw her alive on 29 March 1958 Death occurred at 7:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Philip G. Kaul M.D.	22b. ADDRESS 411 Nichols Rd.	22c. DATE SIGNED 3-31-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 1, 1958	23c. NAME OF CEMETERY OR CREMATORY Johnson Co. Mem. Gardens	23d. LOCATION (City, town, or county) (State) Johnson County, Kansas
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24. FUNERAL DIRECTOR Stine & McClure Und Col	ADDRESS K C. Mo.	25. DATE RECD. BY LOCAL REG. 3-31-58	26. REGISTRAR'S SIGNATURE Neva Minshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Phillip G. Kaul

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.

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 *Elmer D. Lipe*

Licensed Embalmer No. *4817*.....

P. O. Address *Kansas City, 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.