

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044304

STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 5737

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1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION 1001 E. 46th St. Colonial Nursing Home		Length of stay in lb 15 yrs.	d. STREET ADDRESS (If outside, give location) 3900 Wabash Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Artelia Middle K. Last Murray			4. DATE OF DEATH Month Dec. Day 3, Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 20, 1873	9. AGE (In years) Years 85 Months 8 Days 25	10. FUNDER 1 YEAR IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Springfield Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James McReynolds	13b. MOTHER'S MAIDEN NAME Quintina Martin	14. NAME OF HUSBAND OR WIFE Marion E. Murray
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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)	16. SOCIAL SECURITY NO. None	17. INFORMANT Clementine Hottle, Le Bo Kansas Address
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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) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) cerebral hemorrhage	60 days
	DUE TO (c) hypertension	3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331 X		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.) No
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20c. TIME OF INJURY Hour No Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) No	20e. CITY, TOWN, OR LOCATION No	COUNTY	STATE
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21. I attended the deceased from July 1, 1958 to Dec 3, 1958 and last saw her alive on Dec 3, 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M. B. Casebolt (Deponent or title)	22b. ADDRESS 4600 Baltimore	22c. DATE SIGNED 12-2-58
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23a. BURIAL, CREMATION, REBURYAL (Specify) Burial	23b. DATE 12/4/58	23c. NAME OF CEMETERY OR CREMATORY Mt Washington	23d. LOCATION (City, town, or county) Kansas City	(State) Mo.
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24. FUNERAL DIRECTOR Stine & McClure	ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 12-4-58	26. REGISTRAR'S SIGNATURE Gene Minshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M. B. Casebolt

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 29 1958



will be seen in 8 to 1

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 *William M. Turner*

Licensed Embalmer No. *4648*
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.