

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001452

STATE FILE NUMBER 258

FILED JAN 28 1959

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

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. CLAIR	
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 SCHELL CITY 1730 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL		Length of stay in lb 6 days	d. STREET ADDRESS (If outside, give location) ROUTE 1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ARNOLD LURETTE MURDOCK			4. DATE OF DEATH Month Day Year January 12, 1959		
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5. SEX Male	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 February 9, 1896	9. AGE (In years) 62	IF UNDER 1 YEAR Months Days	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) Farmer, Retired	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Clitherall, Minnesota	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lurette Murdock	13b. MOTHER'S MAIDEN NAME Anna J ^{NE} Gibbons	14. NAME OF HUSBAND OR WIFE NELLIE AGNES MURDOCK
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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) Yes WWI	16. SOCIAL SECURITY NO. 496-09-3925	17. INFORMANT VA Hospital Official Records, K. C. Mo. 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) Old Anterior and Posterior Septal myocardial infarcts		INTERVAL BETWEEN ONSET AND DEATH
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Atheromatous narrowing of coronary arteries		
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema of lungs, advanced with foci bronchopneumonia, right lung		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. 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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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. Attended the deceased from January 6, 1959 to January 12, 1959 Death occurred at 8:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE A. S. WILLIAMS, M.D.	(Degree or title)	22b. ADDRESS VA Hospital, Kansas City, Mo.	22c. DATE SIGNED 1-12-59
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23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Jan. 14, 1959	23c. NAME OF CEMETERY OR CREMATORY MOUND GROVE CEMETERY	23d. LOCATION (City, town, or county) (State) INDEPENDENCE MISSOURI
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24. FUNERAL DIRECTOR D.W. Newcomers Sons - KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 1-15-59	26. REGISTRAR'S SIGNATURE Irene Marshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their report. No symptoms with or without.

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 *Thomas W. J. Pearson*

Licensed Embalmer No. *4889*

P. O. Address *N. O. 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.