

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006048

STATE FILE NUMBER

FILED MAR 10 1959

Registration District No. 146

Primary Registration District No. 4237

Registrar's No. 103

300
-57

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 Raytown		c. CITY OR TOWN Raytown	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6400 Harris		Length of stay in lb 9 yrs	d. STREET ADDRESS (If outside, give location) 6400 Harris
3. NAME OF DECEASED (Type or print) First Edward Middle Lindsay Last Murray			4. DATE OF DEATH Month 2 Day 28 Year 1959
5. SEX Male	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 12/11/1892
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of last year) U S Postal Mail Clk		10b. KIND OF BUSINESS OR INDUSTRY U S Post Office	11. BIRTHPLACE (City and state or country) Easton, Kans.
12. CITIZEN OF WHAT COUNTRY? U S A			
13a. FATHER'S NAME Alexander Hamilton Murray		13b. MOTHER'S MAIDEN NAME Jennie Grube	14. NAME OF HUSBAND OR WIFE Opal Potter Murray
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. no	17. INFORMANT Address Mrs. Opal Murray, 6400 Harris
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 30 Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial arteriosclerosis			5-8 yrs
DUE TO (c) Generalized arteriosclerosis			10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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 2.20 P 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
21. I attended the deceased from 1952 , to 1959 and last saw her alive on 2/28/59 Death occurred at 2.20 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert Keith Russell MD</i> (Degree or title)		22b. ADDRESS 6300 Evanston	22c. DATE SIGNED 3/2/59
23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE 3/3/1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or country) (State) Kansas City, Mo
24. FUNERAL DIRECTOR Shell Colonial Funeral Home <i>Kansas City Mo</i>		25. DATE RECD. BY LOCAL REG. 3-2-59	26. REGISTRAR'S SIGNATURE <i>James H. ...</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 _____
 Licensed Embalmer No. 3625
 P. O. Address H. C. Van

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 _____
 Licensed Embalmer No. 3625
 P. O. Address H. C. Van

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.