

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021585

FILED JUN 17 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's 2653

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-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		d. STREET ADDRESS (If outside, give location) 2309 Drury	
3. NAME OF DECEASED (Type or print) First Edgar Middle L. Last Murphy		4. DATE OF DEATH Month 5th Day 27th 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 5-4-91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Engineering	11. BIRTHPLACE (City and state or country) Lebanon, Mo
13a. FATHER'S NAME Albert Murphy		13b. MOTHER'S MAIDEN NAME One Forney	14. NAME OF HUSBAND OR WIFE Fay Murphy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 8-5-18 to 1-22-19		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address V.A. Hospital Records, K.C., Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary emphysema			
DUE TO (c)			
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 checked="" type="checkbox"/> NO <input 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.) 5271	
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 checked="" 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. Attended the deceased from May 28, 1959 to May 27, 1959 Death occurred at 5:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE ANDREW J. RANDOLPH, M.D.		22b. ADDRESS MD VA Hospital, K.C., Mo	22c. DATE SIGNED 5-27-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 29 1959	23c. NAME OF CEMETERY OR CREMATORY greenlawn cem.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
24. FUNERAL DIRECTOR W. W. McNamee's Sons		ADDRESS K.C. Mo	25. DATE RECD. BY LOCAL REG. 5-28-59
26. REGISTRAR'S SIGNATURE Neva Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 
Licensed Embalmer No. 440
P. O. Address Kansas

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.