

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961

-61-001556

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 204

AMENDED

| | | | | | | | |
|--|---|---|--|--|---|---|---|
| 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 | | | Length-of-stay-in-1b: 50yrs. | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3624 Central | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS 3624 Central | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First John Middle H. Last Murray | | | | 4. DATE OF DEATH Month 1 - Day 13 - Year 1961 | | | |
| 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 9-9-1873 | 9. AGE (last birthday) 87 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Mgr. | | | 10b. KIND OF BUSINESS OR INDUSTRY Packing Co. | | 11. BIRTHPLACE (City and state or country) Ferguson, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME Frank Murray | | | 13b. MOTHER'S MAIDEN NAME Annie Hartnett | | | 14. NAME OF HUSBAND OR WIFE Ina I. Murray | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Wife Address Home | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor Pulmonale Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Emphysema DUE TO (c) Asthma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Sensility - cerebral arteriosclerosis PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs 15 yrs 15 yrs |
| 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 Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <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 2-25-57 to 1-13-61 and last saw him alive on 1-5-61 Death occurred at 3624 Central on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Carlos Peete | | | 22b. ADDRESS 1500 Paul Blvd | | | 22c. DATE SIGNED 1-13-61 | |
| 23a. BURIAL, CREMATION, REBURYAL (Specify) Burial | | 23b. DATE 1-16-1961 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | |
| 24. FUNERAL DIRECTOR Melody-McGilley-Eylar ADDRESS 20 W. Linwood K.C. | | | 25. DATE RECD. BY LOCAL REG. 1-13-61 | | 26. REGISTRAR'S SIGNATURE Ruth Long | | |

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

BY

Do

Dr. Peck
Prof. B.

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 Wm. A. Lentz

Licensed Embalmer No. 5038

P. O. Address K.C. 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.