

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-027269

3392

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 110-2 Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 3508

3

4 1

5 2

6

7 1

8 0

9 331X

10

11

12 860

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 lb 60 Yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Colonial Nursing Home		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 100 East 36th Street Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First CLARA Middle MURLIN Last MURLIN		4. DATE OF DEATH Month July Day 8 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 7-5-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 72 IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME Andrew Brechbuel		11b. MOTHER'S MAIDEN NAME Unknown	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. 497-14-0669	
13a. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary Edema DUE TO (c) Cardinal Hemorrhage		13b. NAME OF HUSBAND OR WIFE Herbert H. Murlin 14. ADDRESS Mrs. Tom Nall 3505 West 63rd Street	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour ☐ a.m. ☐ p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		
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 _____ to 7-9-62 and last saw her alive on 7-6-62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Otto H. Thiel M.D. (Degree or title)		22b. ADDRESS 4301 Main St. KC Mo	
22c. DATE SIGNED 7-9-62		22d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-10-62	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
23d. FUNERAL DIRECTOR Freeman Mortuary		23e. ADDRESS Kansas City, Mo.	
24. DATE RECD. BY LOCAL REG. 7-9-62		25. REGISTRAR'S SIGNATURE Ruth N. Long	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DR. THEEL

4301 MAIN

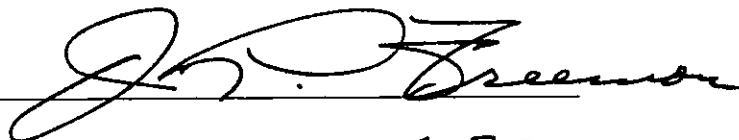
1130

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. 2939

P. O. Address F. 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.