MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031203
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4424

FILED SEP 10 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 1½ hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4407 Monett Circle — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First GREGORY Middle LEE Last MURRAY
4. DATE OF DEATH: Month August Day 23 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/23/1962
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours 1 Min. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never employed
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Leland O. Murray
13b. MOTHER'S MAIDEN NAME: Patricia J. Stuart
14. NAME OF HUSBAND OR WIFE: Never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Leland O. Murray, 4407 Monett Circle, Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): LARYNGEAL ATRESIA — TRACHEO-ESOPHO-GEAL FISTULA
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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 8-23-62, to 8-23-62 and last saw her/him alive on 8-23-62
Death occurred at 5:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Robert L. Lamar (Degree or title): M.D.
22b. ADDRESS: Prof. Bldg., Kansas City, Mo.
22c. DATE SIGNED: 8/23/1962

Robert L. Lamar

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/24/1962
23c. NAME OF CEMETERY OR CREMATORY: Richmond Memory Gardens
23d. LOCATION (City, town, or county) (State): Richmond, Mo.
24. FUNERAL DIRECTOR ADDRESS: Thurman Funeral Home, Richmond, Mo.
25. DATE RECD. BY LOCAL REG.: 8-27-62
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

2-4426

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 Lucas Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.