

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8049**

FILED MAR 25 1950

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **3013** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City	c. LENGTH OF STAY (in this place) 4 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN North Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1027 East 22nd		d. STREET ADDRESS (If rural, give location) 1027 East 22nd	

3. NAME OF DECEASED (Type or Print) Edward Francis Murphy	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 14 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11 1884	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 4 Days 3 IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk	10b. KIND OF BUSINESS OR INDUSTRY W.H. Bolles Messery	11. BIRTHPLACE (State or foreign country) Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John Murphy	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Theresa Murphy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 510-03-7534	17. INFORMANT'S SIGNATURE OR NAME Theresa Murphy ADDRESS 1027 East 22nd St. MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy	ANTECEDENT CAUSES		334v
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:30** m., from the causes and on the date stated above.

23a. SIGNATURE D. S. Pate, M.D. Coroner (Degree or title)	23b. ADDRESS North Kansas City, Mo.	23c. DATE SIGNED 2/14/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 3/17/50	24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE R.W. Newcomer's Sons ADDRESS 832 Armistead	
DATE REC'D BY LOCAL REG. Mar 16 - 1950	REGISTRAR'S SIGNATURE Beulah Kitchener	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1241

RECEIVED MAR 18

District Health Officer No. 8.

District File Number.....

Date Filed 3-24-50

MAY 17 1950

MAR 29 1950

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
Student Embalmer

Signed Robert V. Dunham

Licensed Embalmer No. 4582

P. O. Address 832 Denver Rd N. KC

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 this body is not embalmed, fact should be so stated above.