

FILED MAY 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

13154

1914

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1914</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>30 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>4432 Fairmount</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4432 Fairmount</u>				3. NAME OF DECEASED a. (First) <u>MRS. JULIA</u> b. (Middle) <u>A</u> c. (Last) <u>MURPHY</u>					
4. DATE OF DEATH <u>April 22 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>			
8. DATE OF BIRTH <u>Nov 18 1870</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Fort Scott, Kansas</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				13a. FATHER'S NAME <u>Dennis Golden</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Sullivan</u>			
14. NAME OF HUSBAND OR WIFE <u>John J. Murphy</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Carl T. Magee, Chicago, Ill.</u>				ADDRESS <u></u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>10 yrs</u> <u>H 221</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>June</u> , 19 <u>49</u> , to <u>April 22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 22</u> , 19 <u>50</u> and that death occurred at <u>9:30 P.M.</u> ; from the causes and on the date stated above.									
23a. SIGNATURE <u>M. B. Casbolt</u> (Degree or title)				23b. ADDRESS <u>4000 Baltimore Ave</u>		23c. DATE SIGNED <u>4/24/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>4/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>4-25-50</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk & Tolson</u> ADDRESS <u>20 W. Linwood</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

working under my personal supervision.

Student Embalmer No.....

Signed

Forest D. Coldenow

Signed.....
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address: *N. 6. 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 this body is not embalmed, fact should be so stated above.