

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30590
3834

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson 3122	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 50 YRS		d. STREET ADDRESS (If rural, give location) 2818 Peery	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) Etta Murphy			4. DATE OF DEATH (Month) (Day) (Year) 9 6 50		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec 25 1875			9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months 8 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Henry Mansfield		13b. MOTHER'S MAIDEN NAME Barbara Manley		14. NAME OF HUSBAND OR WIFE George E Murphy	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George E Murphy 2818 Peery	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion with myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 4 1/2	
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) m.		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 Aug. 11, 1950, to Sept. 6, 1950, that I last saw the deceased alive on Sept. 6, 1950, and that death occurred at 1:05 P. M., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title)		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 9-6-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/9/50		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

DATE REC'D BY LOCAL REG. 9-8-50		REGISTRAR'S SIGNATURE Geraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 20 West Linwood	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. R. R. Rice

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 *me*

.....
working under my personal supervision.

Student Embalmer No.

Signed *Forrest D. Coldsnow*

Signed.....
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *K. O. Md*

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.