

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. **80880-50** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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| 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, write RURAL and give township) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (in this place) life | | d. STREET ADDRESS (If rural, give location) 3306 Holmes | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital | | | |

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| 3. NAME OF DECEASED a. (First) Daniel | | b. (Middle) R. | | c. (Last) Murphy | | 4. DATE OF DEATH (Month) (Day) (Year) 12-26-50 | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | | 8. DATE OF BIRTH 12-26-50 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 11 HRS. Months Days Hours Min. 1 50 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Hugh Raymond Murphy | | 13b. MOTHER'S MAIDEN NAME Mildred Bernadine Grote | | 14. NAME OF HUSBAND OR WIFE Bernadine Grote Bernadine Murphy | |
| 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 Bernadine Murphy 3306 Holmes | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (27 weeks) | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown | | | | |
| | | DUE TO (c) | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. | | | 7/6x | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) | | 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 **12-26 1950**, to **12-26-**, 19**50**, that I last saw the deceased alive on **12-26**, 19**50**, and that death occurred at **5:05** p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Ford J. Lowrey M.D. | | 23b. ADDRESS 1123 Grand N.E. Mo. | | 23c. DATE SIGNED 12-27-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 12-31-50 | | 24c. NAME OF CEMETERY OR CREMATORY Trinity Laboratory | |
| | | 24d. LOCATION (City, town, or county) (State) K-C. Mo. | | | |

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| DATE REC'D BY LOCAL REG. 12-31-50 | | REGISTRAR'S SIGNATURE Seraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Trinity Lutheran Hosp. K-C. Mo. | |
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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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.