

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16716**  
**2014**

FILED MAY 26 1951

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

4

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

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>2 MONTHS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3240 Norledge Court Home</u>		d. STREET ADDRESS (If rural, give location) <u>3630 Michigan</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORVILLE</u> b. (Middle) _____ c. (Last) <u>MURDOCK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 1951</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Oct 11-1875</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ADDISON CURRY MURDOCK</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA</u>	
14. NAME OF HUSBAND OR WIFE <u>ESTELLA MAE MURDOCK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. R. K. Hazard</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; asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3321</u>	
18. CAUSE OF DEATH		19. MEDICAL CERTIFICATION	
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) (Minute)		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>Jan 3, 1951</u> , to <u>May 9, 1951</u> , that I last saw the deceased alive on <u>May 7, 1951</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>R. M. Lilley</u>		23b. ADDRESS <u>3915 Main St. Kansas City</u>	
23c. DATE SIGNED <u>5-10-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to May 10, 1951</u>	
24b. DATE <u>May 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Colo. Missouri</u>	
24d. LOCATION (City, town, or county) (State) <u>Colo. Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. H. Newcome</u>	
DATE REC'D BY LOCAL REG. <u>5-10-51</u>		REGISTRAR'S SIGNATURE <u>S. H. Newcome</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <u>S. H. Newcome, S. Kansas City, Mo.</u>	

Working under supervision  
3944 + 711 am

JAN 8 1953

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 *Basil V. Honey*

Licensed Embalmer No. *4724*

P. O. Address *Grassland, 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.