

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16717
1930

FILED MAY 19 1951

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

1. PLACE OF DEATH a. COUNTY <u>Jackson County</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) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>54 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>110 North Brighton 3070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) Joseph <u>Joseph</u> c. (Last) <u>Murphy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1951.</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>June 8, 1886</u>		9. AGE (In years last birthday) <u>66</u>		10. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sexton - Cemetery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Single</u>		11. BIRTHPLACE (State or foreign country) <u>Doneroila, Ireland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget Foley</u>	
14. NAME OF HUSBAND OR WIFE					

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>Hospital Records - K.C.Mo.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of the lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7/30-50</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Infection</u>		(b) _____		(c) <u>7/30-50</u>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Witness Common duct me to stone</u>		<u>7-30-50</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Witness Common duct reconstruction</u>		20. AUTOPSY? YES <input checked="" 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 10/23, 1945, to 5:21, 1951, that I last saw the deceased alive on 5/1, 1951, and that death occurred at 4:17 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John O. Skinner</u> (Degree or title)		23b. ADDRESS <u>1402 Bayard St. K.C. Mo.</u>		23c. DATE SIGNED <u>5/4-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cem. K.C. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>5-4-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holme</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter M. Kelley - Cedar</u>	
				ADDRESS <u>K.C. Mo.</u>	

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 *Glen E. Heck*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.