

FILED OCT 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30373
4093

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	
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) 85 years		d. STREET ADDRESS (If rural, give location) 7901 Prospect	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) PHILLIP b. (Middle) MURPHY c. (Last) MURPHY			4. DATE OF DEATH (Month) (Day) (Year) Sept 23 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH April 18 1866		9. AGE (In years last birthday) 85		10. CITIZEN OF WHAT COUNTRY? U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired—20 Years				11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	

13a. FATHER'S NAME MARTIN MURPHY		13b. MOTHER'S MAIDEN NAME BRIDGET DOBBINS		14. NAME OF HUSBAND OR WIFE Mary Elizabeth Murphy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Les Kent 5837 Oak	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Pulmonary Congestive Delema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Failure DUE TO (c) Congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH 4341
II. OTHER SIGNIFICANT CONDITIONS THROUGH WHICH DEATH OCCURRED Conditions contributing to the death but not related to the disease or condition causing death. Not from gun rays					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Refused			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE natural		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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens		23b. ADDRESS 1034 Walnut St.		23c. DATE SIGNED 9-25-51	
24a. BURIAL, CREMATION, REMOVAL Burial		24b. DATE Sept 27 1951		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duirk, Toben 20 West Linwood			
DATE REC'D BY LOCAL REG 9-25-51		REGISTRAR'S SIGNATURE Geraldine Holmes			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Forrest D. Coldman* _____

Licensed Embalmer No. *4714* _____

P. O. Address *K.C. 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.