

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1145

State File No. \_\_\_\_\_ Registrar's No. 022

FILED JAN 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>022</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived, if institutional; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4915 Baltimore</u>			d. STREET ADDRESS (If rural, give location) <u>4915 Baltimore 313A</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>M.</u> c. (Last) <u>Murand</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 4 52</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept 9 - 1862</u>		9. AGE (in years last birthday) <u>89</u> If under 1 year: Months _____ Days _____ If under 6 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jacob Murand</u>			13b. MOTHER'S MAIDEN NAME <u>Mary</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Murand</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. B. Murand</u> ADDRESS <u>4915 Baltimore</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY SCLEROSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>- 225</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL SCLEROSIS</u>					<u>- 225</u>	
		DUE TO (c) <u>PROSTATITIS</u>					<u>4201</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>- 225</u>	
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>0</u> (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) <u>0</u>		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>1949</u> , to <u>Jan. 4, 1952</u> , that I last saw the deceased alive on <u>Jan 3, 1952</u> , and that death occurred at <u>12:30 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. C. Quistgaard</u> (Degree or title) <u>Dr. M.D.</u>			23b. ADDRESS <u>6745 Perry Ave St. Louis</u>			23c. DATE SIGNED <u>Jan 5 52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/4/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeport Ill</u>		24d. LOCATION (City, town, or county) (State) <u>Freeport Ill.</u>			
DATE REC'D BY LOCAL REG. <u>1-4-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Stone</u>		ADDRESS <u>1616 1/2</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.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. *2458*

P. O. Address: *K. C. Gist*

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.