

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 4421

|  |   |   |                                     |
|--|---|---|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Platte</u> <u>0830</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>3498</u> |                                     |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Parkville</u> <u>Platte</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>1</u>  |                                     |
| c. LENGTH OF STAY (in this place) <u>1 Day</u>   |   | d. STREET ADDRESS (If rural, give location) <u>111 East 33rd</u>  |                                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkville, Mo.</u>  |   |   |                                     |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>MIKE</u>   |   | b. (Middle) _____ c. (Last) <u>MURPHY</u>   |                                     |
| 4. DATE OF DEATH <u>May 21 1952</u>  |   |   |                                     |
| 5. SEX <u>Male</u> <u>0</u>  | 6. COLOR OR RACE <u>White</u>           | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>Oct 22 1869</u> |
| 9. AGE (in years last birthday) <u>82</u>  | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____   |                                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Hoisting Engineer—Frisco Railroad</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY _____   |                                     |
| 11. BIRTHPLACE (State or foreign country) <u>Mahanoy, Penn</u>   |   | 12. CITIZEN OF WHAT COUNTRY? _____  |                                     |
| 13a. FATHER'S NAME <u>ALEXANDER MURPHY</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>BRIDGET KELLEY</u>   |                                     |
| 14. NAME OF HUSBAND OR WIFE <u>JOSEPHINE MURPHY</u>  |   |   |                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____   |   | 16. SOCIAL SECURITY NO. _____   |                                     |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Murphy</u>  |   | ADDRESS <u>111 East 33rd</u>  |                                     |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Cerebral arteriosclerosis</u>  |   | MEDICAL CERTIFICATION<br><u>Cerebral arteriosclerosis</u>   |                                     |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ (b) _____ (c) _____   |   | INTERVAL BETWEEN ONSET AND DEATH _____  |                                     |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |   |   |                                     |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |   |                                     |
| 19a. DATE OF OPERATION _____   |   | 19b. MAJOR FINDINGS OF OPERATION <u>334X</u>  |                                     |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>2-25</u> , 19 <u>48</u> to _____, 19____, that I last saw the deceased alive on <u>5-19-52</u> , and that death occurred at <u>1:45 A.M.</u> , from the causes and on the date stated above. |   |   |                                     |
| 23a. SIGNATURE <u>Graham Owen</u>  |   | 23b. ADDRESS <u>906 Grand St. CMo</u>   |                                     |
| 23c. DATE SIGNED <u>5-20-52</u>  |   |   |                                     |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |   | 24b. DATE <u>May 23 1952</u>  |                                     |
| 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>   |                                     |
| DATE REC'D BY LOCAL REG. <u>May 21-52</u>  |   | REGISTRAR'S SIGNATURE <u>Alphia Rollins</u> <u>257</u>  |                                     |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk + Hobbs Co.</u>  |   | ADDRESS <u>20 W Linwood</u>   |                                     |

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

5615 ADI

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 *Forrest D. Collinsnow* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4714* .....

P. O. Address *K. O. 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.