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FILED SEP 15 1954

STANDARD CERTIFICATE OF DEATH

26537

State File No. 148  
Registrar's No. 148

BIRTH NO. 57268-54 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>none</b> b. COUNTY <b>none</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Harrisonville</b>		c. CITY OR TOWN <b>none</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>6 hours</b>		e. STREET ADDRESS (If rural, give location) <b>none</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Michael Eugene Murry</b>		b. (Middle) <b>Eugene</b>		c. (Last) <b>Murry</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-6-1954</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>		8. DATE OF BIRTH <b>9-6-1954</b>		9. AGE (in years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Harrisonville, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Peggy Lou Murry</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
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 <b>William H. Murry Pleasant Hill, Mo</b>			

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* (a) <b>Pulmonary Atelectases</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prematurely 6 mo</b> DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>7625 Pleasant Hill, Mo</b>			
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?			

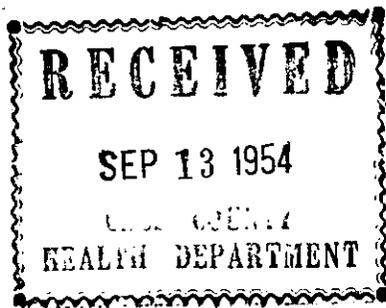
22. I hereby certify that I attended the deceased from 9-6-54 to 9-6-54, that I last saw the deceased alive on 9-6-, 1954, and that death occurred at 10:45 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Eklund MD</b>		23b. ADDRESS <b>Pleasant Hill, Mo</b>		23c. DATE SIGNED <b>9-7-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9-7-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cem</b>	
				24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill Mo.</b>	

DATE REC'D BY LOCAL REG. <b>Sept 8, 1954</b>		REGISTRAR'S SIGNATURE <b>Dora Barard</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Brownfield Pleasant Hill</b>		ADDRESS <b>Pleasant Hill</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Signature of Student Embalmer

Signed *Robert Crawford* .....

Licensed Embalmer No. *378*

P. O. Address *Howard Hill* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.