

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22294**  
**2834**

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hosp</u>		STREET ADDRESS (If rural, give location) <u>56 3737 Benton Blvd</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Norma J.</u>	b. (Middle)	c. (Last) <u>Murray</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-3-1955</u>
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5. SEX <u>Fe</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-20-09</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>accountant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sheffield Steel Corp.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pantheron, Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>Matt Broad</u>	13b. MOTHER'S MAIDEN NAME <u>Blodgett James</u>	14. NAME OF HUSBAND OR WIFE <u>Hugh Pat Murray</u>
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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>429-20-212</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hugh Pat Murray</u> ADDRESS <u>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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma right breast</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Liver metastases</u> DUE TO (c) <u>Ascites, etc.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		170x	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-28, 1948, to 7-3, 1955, that I last saw the deceased alive on 7-3, 1955 and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Do not write) <u>Richard G. Helmen</u>	23b. ADDRESS <u>625 Prof Bldg</u>	23c. DATE SIGNED <u>7-4-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-5-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Jeppar Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jeppar Ark</u>
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DATE REC'D BY LOCAL REG. <u>7-4-55</u>	REGISTRAR'S SIGNATURE <u>Norma Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James P. Baird</u> ADDRESS <u>K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Richard G. Helmen M.D.

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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 *John P. Sheil*.....

Licensed Embalmer No. *367*

P. O. Address *H.C.M.*

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.