No. 300
10-48

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

FILED MAR 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5006

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 903

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN: Mission
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
No. STREET ADDRESS (If rural, give location): 6019 W. 61 Street

3. NAME OF DECEASED (Type or Print)
a. (First): Wayne
b. (Middle): S.
c. (Last): Murphy

4. DATE OF DEATH (Month) (Day) (Year): 2 - 26 - 56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-19-01
9. AGE (In years last birthday): 54 yrs.
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): MANAGING DIRECTOR
10b. KIND OF BUSINESS OR INDUSTRY: KANSAS CITY CRIME COMMISSION
11. BIRTHPLACE (City and State or Foreign Country): ST. CLAIR, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LESLIE W. MURPHY
13b. MOTHER'S MAIDEN NAME: CORA STEVENS
14. NAME OF ~~HUSBAND OR~~ WIFE: MRS. EVELYN MURPHY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: 576-24-6390
17. INFORMANT'S SIGNATURE OR NAME: MRS. EVELYN MURPHY
ADDRESS: 6019 W. 61st ST. MISSION, KANSAS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 3 or 4 years
DUE TO (c) (Renal Failure) — 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
442X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1953, *to* Feb. 26, 1956, *that I last saw the deceased alive on* Feb. 26, 1956, *and that death occurred at* 8:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold M. Roberts (Degree or title) Harold M. Roberts, M.D.
23b. ADDRESS: 1103 Grand - K.C., Mo.
23c. DATE SIGNED: 2-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: FEB 29 1956
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): WASHINGTON MISSOURI

DATE REC'D BY LOCAL REG.: 2-29-56
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer Sons
ADDRESS: 1331 Bruce Street, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Basil V. Honey....

Licensed Embalmer No. 472.

P. O. Address K.C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.