

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1406

STATE FILE NUMBER

241

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3011 Campbell			Length of stay in hospital 50 yrs.		d. STREET ADDRESS 3011 Campbell		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARGARET Middle C. Last MURRAY				4. DATE OF DEATH Month 1 Day 17 Year 57					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 12, 1885		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR IF UNDER 24 HRS. Months 7 Days 1 Hours 1 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) County Donegal, Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Con Dougherty				14. MOTHER'S MAIDEN NAME Mary Cunningham					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. None		17. INFORMANT P.J. Murray, 3011 Campbell			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis								INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Generalized arteriosclerosis		DUE TO (c) Diabetes melitus		200X		years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour 11:00 P. Month, Day, Year 1-17-57									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 9-23-53 to 1-17-57 and last saw her ^{alive} on 1-15-57 Death occurred at 11:00 P. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Wilson H. Miller M.D.				22b. ADDRESS 4620 Independence Ave. Kans. City, Mo.			22c. DATE SIGNED 1-17-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-19-57	23c. NAME OF CEMETERY OR CREMATORY St. Mary's			23d. LOCATION (City, town, or county) K.C., Mo.		(State)	
24. FUNERAL DIRECTOR Mellody M. Gilley-Egler, 1800 Linwood				25. DATE RECD. BY LOCAL REG. 1-17-57		26. REGISTRAR'S SIGNATURE Reva Minshall			

(Licensed Embalmer's Statement on Reverse Side)

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Director, coroner, etc. must use only standard non-removable embalmers' certificates. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Wilson H. Miller
MEDICAL CERTIFICATION

Dr. Miller

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 H. Pryor*

Licensed Embalmer No. *299*

P. O. Address *K. E. M.*

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