FILED APR 12 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10792

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2542

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Sedgwick
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St.Louis 0 — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Wichita 81508 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 38 Enroute City Hospital — Length of stay in 1b DOA	d. STREET ADDRESS (If outside, give location) 33 434 N. Vassar — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Louis	Middle: M.	Last: Murney	4. DATE OF DEATH Month Day Year: March 14, 1957
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH: Oct. 8, 1892	9. AGE (In years last birthday): 64 — 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): Electric Superintendant	10b. KIND OF BUSINESS OR INDUSTRY: Railroad	11. BIRTHPLACE (City and state or country): Springfield, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Michael Murney		14. MOTHER'S MAIDEN NAME: Mary Unknown		
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.: Unknown	17. INFORMANT Address: Pearl Murney, 434 N.Vassar - Wichita, Kans.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) coronary infarction — INTERVAL BETWEEN ONSET AND DEATH: sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) previous coronary heart disease — 2½ years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 420.1

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 12/28/54, to 3-12-57 and last saw him alive on 3-12-57

Death occurred at 3/14/57 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD	22b. ADDRESS: 1755 S. Grand	22c. DATE SIGNED: 3-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal	23b. DATE: 3-14-57	23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Caldwell, Kansas.		
24. FUNERAL DIRECTOR ADDRESS: Albert H.Hoppe, 4700 Washington Blvd.	25. DATE RECD. BY LOCAL REG.: MAR 14 '57	26. REGISTRAR'S SIGNATURE: J Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

...t. Health, & Welfare ...S. Public ...th Service

...S. 300 ...v. 1-56

...securing the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 12 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton R. H. Remelius

Licensed Embalmer No. 42

P. O. Address St. Louis

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