Health, Welfare Public Service

300 -57

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021245
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2606

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City, Mo — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Joseph*s Hosp. — Length of stay in 1b 5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City, Mo — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3703 E. 47th St. Terrace — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Virginia Middle Louise Last Murphy

4. DATE OF DEATH Month June Day 2 Year 1957

5. SEX FE
6. COLOR OR RACE Can
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Aug 1, 1914
9. AGE (In years last birthday) 42 — 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) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Western Auto
11. BIRTHPLACE (City and state or country) Blue Springs Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ward W. Murphy
13b. MOTHER'S MAIDEN NAME Anna J. Baxter
14. NAME OF HUSBAND OR WIFE ~~N/A~~ none

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. 500-12-0830
17. INFORMANT Address Ward W Murphy Rt 2, Blue Springs, Mo

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) Rheumatic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 416X
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 [ ] 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 Apr 22, 1957, to June 2 1957 and last saw her/him alive on June 2, 1957
Death occurred at 3:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas E. McMillan MD
22b. ADDRESS 1019 Professional Bldg. K.C. Mo
22c. DATE SIGNED 6-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-4-57
23c. NAME OF CEMETERY OR CREMATORY Blue Springs
23d. LOCATION (City, town, or county) Blue Springs (State) Missouri

24. FUNERAL DIRECTOR Geo C. Carson & Sons ADDRESS Indep, Mo
25. DATE RECD. BY LOCAL REG. 6-3-57
26. REGISTRAR'S SIGNATURE neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Thomas E. Mc Millan

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 Richard R. Franci

Licensed Embalmer No. 4838

P. O. Address Indep., Mi

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.