

alth,
elfare
blic
rvice

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28311
STATE FILE NUMBER
3775
Registrar's No.

FILED AUG 30 1957

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		d. STREET ADDRESS 5232 CLEVELAND	
Length of stay in 1b 1 YEAR		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JAMES MICHAEL MURRAY			4. DATE OF DEATH Month Day Year August 11 1957		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 7, 1953	9. AGE (In years last birthday) 3	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD		10b. KIND OF BUSINESS OR INDUSTRY CHILD		11. BIRTHPLACE (City and state or country) Joplin, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph L. MURRAY			13b. MOTHER'S MAIDEN NAME CAROL F. CUNNINGHAM			14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Joseph L. MURRAY 5232 CLEVELAND K.C. Mo.	
--	--	------------------------------	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cause of death unknown			INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)			E9130		
DUE TO (c)			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Refused first aid through glass window died in operating room while repairing face station arm #23		

20a. ACCIDENT <input checked="" 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) Died in operating room while repairing face station arm #23			
20c. TIME OF INJURY Hour Month, Day, Year 8 11 57		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home			
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20g. CITY, TOWN, OR LOCATION Joplin	

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 7:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
---	--	--	--	--	--

22a. SIGNATURE Hugh A. Owens (Degree or title) 3			22b. ADDRESS 1034 Pratt Bldg.		22c. DATE SIGNED 8-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE AUG-13-1957	23c. NAME OF CEMETERY OR CREMATORY FOREST PARK CEMETERY		23d. LOCATION (City, town, or county) JOPLIN MISSOURI (State)

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS 1531 BRUSH CREEK Blvd		25. DATE RECD. BY LOCAL REG. 8-12-57		26. REGISTRAR'S SIGNATURE neva minshall	
---	--	--------------------------------------	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

All diseases in Part I must be causally related.

KP
2

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 *Vern Lawler*

Licensed Embalmer No. *4915*
P. O. Address *47 E 32nd St*

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.