

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028561  
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Cauc</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>10-6-1886</u>		9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and state or country) <u>Clay County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>North Kansas City, Missouri</u>		c. CITY OR TOWN <u>Smithville</u>		13a. FATHER'S NAME <u>Levi P. Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Mazilla Belle Flesher</u>		14. NAME OF HUSBAND OR WIFE <u>Verna Murphy</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-30-5486</u>		17. INFORMANT <u>Mrs. Allen Murphy</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UREMIA</u> DUE TO (b) <u>CAUSE UNDETERMINED</u> DUE TO (c) <u>792X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>7 DAYS</u>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Mem. Hosp</u>		Length of stay in lb <u>1 week</u>		d. STREET ADDRESS <u>3 miles East of Smithville</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		4. DATE OF DEATH Month <u>8</u> Day <u>11</u> Year <u>58</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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	
3. NAME OF DECEASED (Type or print) First <u>Allen</u> Middle <u>Ruthford</u> Last <u>Murphy</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Clay County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Levi P. Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Mazilla Belle Flesher</u>		14. NAME OF HUSBAND OR WIFE <u>Verna Murphy</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-30-5486</u>		17. INFORMANT <u>Mrs. Allen Murphy</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>UREMIA</u> DUE TO (b) <u>CAUSE UNDETERMINED</u> DUE TO (c) <u>792X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>7 DAYS</u>	
21. I attended the deceased from <u>5 Aug 58</u> to <u>11 Aug 58</u> and last saw her alive on <u>11 Aug 58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>1906 Erie St. NKC, MO</u>		22c. DATE SIGNED <u>11 Aug 58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-13-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Smithville, Missouri</u>		24. FUNERAL DIRECTOR <u>McComas Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>8-12-58</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>			

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Donald W. Hanks* .....

Licensed Embalmer No. *4528* .....  
P. O. Address *Smithville, Mo.* .....

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.