Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035745
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARRISONVILLE — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL HARRISONVILLE MO — Length of stay in 1b 1 MONTH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CASS
c. CITY OR TOWN PECULIAR — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) 0190 R.R.# 2 — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First Dollie Middle MAY Last MURRAY
4. DATE OF DEATH Month NOV. Day 4 Year 1958
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH APRIL 6. 1890
9. AGE (In years last birthday) 68 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) UNKNOWN MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME CHARLES H. FRIKE
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND ~~OR WIFE~~ W. E. MURRAY
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. 486-07-7886
17. INFORMANT W. E. MURRAY Address R.R.#2 PECULIAR MISSOURI

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 THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — 2 years
DUE TO (c) 4200F
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3rd Degree Burns Abdomen — 3 weeks
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 1956, to NOV. 4, 1958 and last saw her/him alive on NOV. 3, 1958
Death occurred at 5:55 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O. B. Barger M.D.
22b. ADDRESS Harrisonville Mo
22c. DATE SIGNED 4 NOV 1958

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE NOV. 5. 1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~ MEMORIAL PARK CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS — ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO
25. DATE RECD. BY LOCAL REG. 11/4/58
26. REGISTRAR'S SIGNATURE Prudence Anderson Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 20 1959

CASS COUNTY
HEALTH DEPARTMENT

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Kansas City

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.