

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038870

5263

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5263

**1. PLACE OF DEATH** **DECEASED OCT 25 1962**

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri Length of stay in lb —

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Johnson

c. CITY OR TOWN Warrensburg Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 614 N. Maquire St. Reside on Farm Yes  No

**3. NAME OF DECEASED** First Middle Last BURKE MURRY

**4. DATE OF DEATH** Month Day Year October 11th, 1962

**5. SEX** Male **6. COLOR OR RACE** White **7. Married**  Never Married  Widowed  Divorced

**8. DATE OF BIRTH** 4-8-1898 **9. AGE (last birthday)** 64

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Mail Carrier **10b. KIND OF BUSINESS OR INDUSTRY** U.S. Government

**11. BIRTHPLACE** (City and state or country) St. Louis, Missouri **12. CITIZEN OF WHAT COUNTRY** U.S.A.

**13a. FATHER'S NAME** Joseph Murry **13b. MOTHER'S MAIDEN NAME** Monta M. Scott **14. NAME OF HUSBAND OR WIFE** Elma Murry

**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.** no **17. INFORMANT** Mrs. Elma Murry, Warrensburg, Mo. Address

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Malignant Lymphoma INTERVAL BETWEEN ONSET AND DEATH 1 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

**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 1961 to Oct 1962 and last saw him live on Oct 17 1962

Death occurred at 2 am on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) M. G. Berry M.D. **22b. ADDRESS** 4820 Woodall Rd Kansas City, Mo. **22c. DATE SIGNED** 10-11-1962

**23a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **23b. DATE** 10-14-1962 **23c. NAME OF CEMETERY OR CREMATORY** Sunset Hill Cemetery **23d. LOCATION** (City, town, or county) (State) Warrensburg, Missouri

**24. FUNERAL DIRECTOR** The Brauningers, Warrensburg, Mo. **25. DATE RECD. BY LOCAL REG.** 10-16-62 **26. REGISTRAR'S SIGNATURE** Ruth Long

VS 300 Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF M. G. BERRY

USE BLACK INK OR TYPEWRITER RIBBON

Dr. MAX BARNETT  
431 W. Wainwright  
5 Certified Copies

SEP 13 1933

**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 ITA Bluminger

Licensed Embalmer No. 3377

P. O. Address Wainwright 2110

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.