

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001748

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 302

FILED FEB 6 1963

VS 300
Rev. 4/59
1
2 7405
3
4 0
5 1
6
7 0
8 2
9 9020
10 21
11 120
12 53-2
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Length of stay in: 1b 5 da.	c. CITY OR TOWN Independence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5031 Cryslar
3. NAME OF DECEASED (Type or print) JAMES WOOD MURRAY			4. DATE OF DEATH Month Day Year Jan 13, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, '75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Route Man		10b. KIND OF BUSINESS OR INDUSTRY Laundry Service	9. AGE (last birthday) 87
11. BIRTHPLACE (City and state or country) Columbus, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas Murray		13b. MOTHER'S MAIDEN NAME Lucretia Jane Wood	
14. NAME OF HUSBAND OR WIFE Elsie Lorraine Murray		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO	
16. SOCIAL SECURITY NO. 2		17. INFORMANT Donald R. Murray, 5031 Cryslar Mo.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia- Bi-Lateral			INTERVAL BETWEEN ONSET AND DEATH 48 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of neck Rt. Femure			5 Da.
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) Slipped out of chair	
20c. TIME OF INJURY Hour Month, Day, Year 10 p.m. 1-8-63			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At. Home	20f. CITY, TOWN, OR LOCATION Independence, Mo.	COUNTY STATE
21. I attended the deceased from Feb. 1959 to Jan. 12, 1963 last saw her alive on Jan. 12, 1963 Death occurred at 7:10 A.M. 1-13-63 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Thomas Murray</i>		22b. ADDRESS Raytown, Missouri	22c. DATE SIGNED 1-14-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 15, 1963	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	23d. LOCATION (City, town, or county) Raytown, Missouri
24. FUNERAL DIRECTOR <i>Ed Clark</i>	ADDRESS Raytown, Missouri	25. DATE RECD. BY LOCAL REG. 1-17-63	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>

USE BLACK INK OR TYPEWRITER RIBBON

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 E. Clark Fegert
E. Clark Fegert

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25