

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027651

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 74 Primary Registration District No. 4132 Registrar's No. 92

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 13 1963

VS 300
Rev. 4/59

1 6000
2 6000

3
4 0
5 1
6
7 0
8 2
9 4201H
10
11
12 90-0
13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Holt		Length of stay in 1b 11 yrs.		c. CITY OR TOWN Holt Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Nove Middle Paul Last Murdock			4. DATE OF DEATH Month Aug. Day 1 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-27-1902	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Operator		10b. KIND OF BUSINESS OR INDUSTRY Service Oil Station		11. BIRTHPLACE (City and state or country) Milan, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John Murdock		13b. MOTHER'S MAIDEN NAME Alice Boyd	
14. NAME OF HUSBAND OR WIFE Edna Murdock		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes WWII		16. SOCIAL SECURITY NO. 506	
17. INFORMANT Edna Murdock, Holt, 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) Coronary Occlusion Coronary Occlusion 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) Cabernation of Lung, Ca of Lung 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		INTERVAL BETWEEN ONSET AND DEATH	
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 s.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from May - 21 - 63 to Aug. 1 - 63 and last saw him alive on July 26 - 63 . Death occurred at 11 AM Aug. 1 - 63 on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) H.P. Rayburn M.D.			22b. ADDRESS K.C. Mo.		22c. DATE SIGNED 8/2/63 (Site)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-5-63	23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) Kansas City, Mo.
24. FUNERAL DIRECTOR Fry Funeral Home, Kearney, Mo.			25. DATE RECD. BY LOCAL REG. 8-6-63		26. REGISTRAR'S SIGNATURE Nobel Graham

100-00000

AUG 28 1963

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 Ludell Jarman

Licensed Embalmer No. 4589
P.O. Address Emulsion Springs, 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.