

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20548

No. 300
10.48

FILED JUN 29 1949
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BIRTH NO.		REG. DIST. NO. 280		PRIMARY REG. DIST. NO. 6964		Registrar's No. 51		
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North of Parkville</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Weatherby</u>				d. STREET ADDRESS (If rural, give location) <u>2215 East 68th Street Terrace</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julius</u> b. (Middle) <u>E</u> c. (Last) <u>Morast</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 17, 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 22, 1897</u>		
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Month Days		IF UNDER 1 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LITHOGRAPHER</u>			10b. KIND OF BUSINESS, OR INDUSTRY <u>DICK RICHARDSON CO.</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MO. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY H. MORAST</u>			13b. MOTHER'S MAIDEN NAME <u>ROSA WENK</u>			14. NAME OF HUSBAND OR WIFE <u>ELIZABETH WENK</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.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth Morast, K.C., Mo</u>		ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Myocardial infarction (septum)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>4:20</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>April, 1947</u> , to <u>June 16, 1949</u> , that I last saw the deceased alive on <u>June 16, 1949</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above. <u>6/17/49</u>								
23a. SIGNATURE <u>L. Stanley Morast, M.D.</u>			(Degree or title)		23b. ADDRESS <u>1512 Professional Bldg</u>		23c. DATE SIGNED <u>6/18/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 20, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		
DATE REC'D BY LOCAL REG. <u>6-18-49</u>		REGISTRAR'S SIGNATURE <u>Ophelia Rollins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. H. Newcomer Sons</u>		ADDRESS <u>K.C., Mo</u>		

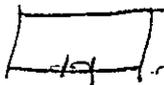
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Ophelia Pallini

FEB 16 1950



East Sect

JUN 28

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JUL 1 1949

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-28-49

AUG 28 1957

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

working under my personal supervision.

Student Embalmer No.

Signed

Robert Ray

Signed Student Embalmer

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.