

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23540**
2941

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> | |
| b. CITY OR TOWN <u>Rivers City</u> | c. LENGTH OF STAY (In this place) <u>unk.</u> | c. CITY (If outside corporate limits, write BURIAL and give township) <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>613 Main</u> | | d. STREET ADDRESS (If rural, give location) <u>613 Main</u> | |

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|--|-------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Fate</u> | b. (Middle) _____ | c. (Last) <u>Morris</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-26-49</u> |
|--|-------------------|-------------------------|--|

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|--------------------|---------------------------|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>unknown</u> | 8. DATE OF BIRTH 9. AGE (In years last birthday) <u>66</u> If under 1 year: Months Days If under 2 hrs: Hours Min. |
|--------------------|---------------------------|---|---|

| | | | |
|--|---|--|---------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>Unknown</u> | 12. CITIZEN OF WHAT COUNTRY? <u>9</u> |
|--|---|--|---------------------------------------|

| | | |
|-----------------------------------|---------------------------------|--|
| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME _____ | 14. NAME OF HUSBAND OR WIFE <u>unknown</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Coroner's office</u> ADDRESS <u>K. C. Mo.</u> |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably Coronary Occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4201</u> | |

| | | |
|------------------------------|---|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>no relatives to sign permit</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|---|---|

| | | |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
|---|--|---------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|--|------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>1034 Park Blvd</u> | 23c. DATE SIGNED <u>6-27-49</u> |
|--|------------------------------------|---------------------------------|

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|---|-------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>7/8/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>K. College Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>KC Mo</u> |
|---|-------------------------|---|--|

| | | | |
|--|--|--|---------------|
| DATE REC'D BY LOCAL REG. <u>7-7-49</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Samuel Longenecker</u> | ADDRESS _____ |
|--|--|--|---------------|

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed



Licensed Embalmer No.

4573

P. O. Address

15 CMO

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.