

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

26984

State File No. \_\_\_\_\_

3464

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3464</u>							
1. PLACE OF DEATH a. COUNTY <u>Jackson</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>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>76 yrs.</u>		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>3226 Euclid</u>				d. STREET ADDRESS (If rural, give location) <u>3226 Euclid</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u>			b. (Middle) <u>P.</u>		c. (Last) <u>MORRISSEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 9, 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>9-23-72</u>		9. AGE (In years last birthday) <u>76</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>Millwright (Ret.)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Cudahy Packing Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>John Morrissey</u>				13b. MOTHER'S MAIDEN NAME _____				14. NAME OF HUSBAND OR WIFE <u>Bridget E. Morrissey</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bridget E. Morrissey, 3226 Euclid</u>									
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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease</u> <u>Myocarditis, left ventricular failure</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.								INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> <u>2 wks</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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>June 1</u> , 19 <u>49</u> , to <u>Aug 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 5</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE <u>P. J. O'Connell</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>327 Angyle Bldg. KC Mo</u>			23c. DATE SIGNED <u>8/11-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>8-11-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, Kansas City, Mo.</u>							

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

Rev. P. G. O'Connell  
St. Mary's Hospital  
at 10:30 a.m.  
Thurs.

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 Max St. Gerkendoll

Licensed Embalmer No. 4632

P. O. Address H. C. Mosi

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.