

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **4949**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>301</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elm</b>		<b>0510</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>General Hospital No. 1</b>				d. STREET ADDRESS (If rural, give location) <b>R. #. 1 50 Highway</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Roma</b>		b. (Middle) <b>Darlene</b>		c. (Last) <b>Morain</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1 18 50</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>Jan. 12, 1946</b>		9. AGE (In years last birthday) <b>4</b>	# UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>child</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Theo S. Morain</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Clements</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Theo S. Morain Kingsville, Mo.</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute meningococcic meningitis</b>					INTERVAL BETWEEN ONSET AND DEATH	
	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.						
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)		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 <b>Pathologist</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:25A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Victor B. Buehler</b> (Degree or title)				23b. ADDRESS <b>San Diego, Ill. C. Mo</b>		23c. DATE SIGNED <b>2/14/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>1-19-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-20-50</b>		REGISTRAR'S SIGNATURE <b>M. M. Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Dixon L. Kepley,</b>		ADDRESS <b>Independence, Mo.</b>	

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

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**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.....

P. O. Address.....

**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.