

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 21 1950

State File No. 13147

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1642

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 26 yrs.		d. STREET ADDRESS (If rural, give location) 4446 Askew	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3608

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) C. c. (Last) MORRIS		4. DATE OF DEATH (Month) (Day) (Year) April 6, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 4, 1874
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Repairman		10b. KIND OF BUSINESS OR INDUSTRY W.F. Anderson R. E. Co.	
11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME ----- Morris		13b. MOTHER'S MAIDEN NAME ----- Sinclair		14. NAME OF HUSBAND OR WIFE Mary Z. Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 413-03-7523		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Z. Morris, 4446 Askew, K.C., Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 3 yrs			
		DUE TO (c) Operative Embolus		1 hr	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4501	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Amputation right leg due to arteriosclerotic gangrene		20. AUTOPSY? YES <input 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 9, 1949, to 4-6, 1950, that I last saw the deceased alive on 4-6, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Leo M. Mullen		(Degree or title) MD		23b. ADDRESS 3548 Indiana		23c. DATE SIGNED 4-7-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-8-50		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 4-7-50		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGillye-Eylar, Kansas City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Am. Soc. Embalmers
35th & Anderson
Appt. 3 1955

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 H. Kirkendall*

Licensed Embalmer No. *4632*

P. O. Address..... *A.C., 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.