

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23622

State File No.

3084

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
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. LENGTH OF STAY (in this place) 8 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 1014 Ewing			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				3. NAME OF DECEASED a. (First) Ida (Type or Print)					
b. (Middle) Mae		c. (Last) Morris		4. DATE OF DEATH (Month) (Day) (Year) 7 14 50					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 20, 1878			
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Syrus Simms		13b. MOTHER'S MAIDEN NAME Dolly Applegate			
14. NAME OF HUSBAND OR WIFE Charles Morris				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None					
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Sisk Kansas City, Missouri							
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) Generalized peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal obstruction (n.m.o.) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 5705	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. 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>July 13, 1950</u> to <u>July 14, 1950</u> that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>July 14, 1950</u> and that death occurred at <u>3:45 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE B. I. Burns (Degree or Title) <i>B. I. Burns, M.D.</i>				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 7-15-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 15, 1950		24c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery		24d. LOCATION (City; town; or county) (State) Chillicothe, Missouri			
DATE REC'D BY LOCAL REG. 7-15-50		REGISTRAR'S SIGNATURE <i>Seraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons		ADDRESS 4139 Truman Rd. K. C., Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Orclup

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.....

James W. Eays

Signed.....
Student Embalmer

Licensed Embalmer No. *4622*

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.