S. No. 300
. 10.48

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

FILED DEC 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41748

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5241

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lark Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY (If outside corporate limits, write RURAL and give township): Oak Grove - Rural 0480
d. STREET ADDRESS (If rural, give location): 2 1/2 mi South on X

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Robert
c. (Last): Morris

4. DATE OF DEATH (Month) (Day) (Year): Dec 4-1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept-5-1903
9. AGE (In years last birthday): 48 — If under 1 year: Months 2, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Oak Grove Mo
12. CITIZEN OF WHAT COUNTRY?: U S A
13a. FATHER'S NAME: James Morris
13b. MOTHER'S MAIDEN NAME: Mary White
14. NAME OF HUSBAND OR WIFE: Bertha
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Bertha Morris — **ADDRESS**: Oak Grove Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic Diathesis — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Unknown Cause

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Intravascular Hemolysis, Uremia, and uraemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 19, 1951, *to* Dec 4, 1951, *that I last saw the deceased alive on* Dec 4, 1951, *and that death occurred at* 2:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl R. Ferris MD (Degree or title) — Carl R Ferris MD
23b. ADDRESS: 934 Argyle Bldg, Kansas City, Missouri
23c. DATE SIGNED: Dec 4, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 7-1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove
24d. LOCATION (City, town, or county) (State): Oak Grove Mo

DATE REC'D BY LOCAL REG.: 12-6-51
REGISTRAR'S SIGNATURE: Geraldine Holder
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Webb Funeral Home Oak Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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 R B Webb

Signed.....
Student Embalmer

Licensed Embalmer No. 2350

P. O. Address Blue springs 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.