

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23939

State File No.

FILED JUL 21 1952

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 3013 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY OR TOWN <u>NORTH KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>2 1/2 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH KANSAS CITY 0241</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2029 SWIFT</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED a. (First) <u>BERTHA</u> b. (Middle) <u>MAY</u> c. (Last) <u>MORROW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 13 1952</u>		
5. SEX <u>1</u> <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 11, 1885</u>		9. AGE (In years last birthday) <u>67</u> If UNDER 1 YEAR Months <u>0</u> Days <u>2</u> If UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>GALLATI, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Jacob PAYNE</u>	13b. MOTHER'S MAIDEN NAME <u>JENNIE STEFFLER</u>	14. NAME OF HUSBAND OR WIFE <u>FRANK E. MORROW</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRANK E. MORROW 2029 SWIFT</u>

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>	DUE TO (b) <u>Hypertension</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Atherosclerosis</u>		
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 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) (Min.)	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 7-13, 1952, to 7-13, 1952, that I last saw the deceased alive on 7-13, 1952, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE, (Typed or title) <u>Melvin Longmire</u>	23b. ADDRESS <u>No. Kansas St. Mo.</u>	23c. DATE SIGNED <u>7-15-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-16-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Mem. Ch. CLAY Co. Missouri</u>
24d. LOCATION (City, town, or county) (State)	DATE REC'D BY LOCAL REG. <u>7-16-1952</u>	REGISTRAR'S SIGNATURE <u>Beulah Fitcher 63</u>
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Newcomer's Sons NORTH KANSAS CITY</u>		

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

241
1

APR 29 1952

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 Glenn H. Hill

Signed.....
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address Avondale, 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.