

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38833
5157

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 30 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 8150			
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				d. STREET ADDRESS (If rural, give location) 1649 South 13th			
3. NAME OF DECEASED (Type or Print) a. (First) Richard N. Morrison b. (Middle) N. c. (Last) Morrison			4. DATE OF DEATH (Month) (Day) (Year) NOV. 21, 1952				
5. SEX M.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-24-83		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator.			10b. KIND OF BUSINESS OR INDUSTRY M.C. Structural Steel		11. BIRTHPLACE (City and State or Foreign Country) Kansas, Lawrence.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Morrison		13b. MOTHER'S MAIDEN NAME Elizabeth McKicker		14. NAME OF HUSBAND OR WIFE MAMIE MORRISON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 510-05-0394		17. INFORMANT'S SIGNATURE OR NAME Mrs. Mamie Q. Morrison			
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) Aortic and Mitral Stenosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Distention of Duodenum Kidney Stone Right					INTERVAL BETWEEN ONSET AND DEATH 40 yrs 2 mths 410X Cancer Squamous
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) 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 Jan 5, 1950, to 11/21, 1952, that I last saw the deceased alive on 11/21, 1952, and that death occurred at 9:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Paul Moss (Degree or title) Paul Moss M.D. MD				23b. ADDRESS 1112 Bryan Bldg K.C. Mo.		23c. DATE SIGNED 11/23/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal Burial		24b. DATE 11/26/52	24c. NAME OF CEMETERY OR CREMATOR Maple Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		
DATE REC'D BY LOCAL REG. 11-25-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Linnard		ADDRESS K.C. Kansas	

(Licensed Embalmer's Statement on Reverse Side)

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

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 H. Simmons

Licensed Embalmer No. 3903

P. O. Address N. C. H.

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.