

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42374**  
**5430**  
Registrar's No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City 8150</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>6401 Belinder Road 8 X</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>PHIL</b>			b. (Middle) <b>D.</b>		c. (Last) <b>MORELOCK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 9, 1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Aug. 18, 1889</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer &amp; Tax Consultant</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State of Foreign Country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John Wm. Morelock</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Burnett</b>		14. NAME OF HUSBAND OR WIFE <b>Alma E. Morelock</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. # I</b>		16. SOCIAL SECURITY NO. <b>-488-38-6372-</b>		17. INFORMANT'S SIGNATURE OR NAME KC Ks. ADDRESS <b>Mrs. Alma E. Morelock, 6401 Belinder Rd.,</b>					
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) <b>Acute coronary occlusion</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</b> DUE TO (b) <b>with myocardial infarction</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>  <b>4201</b>		
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>12/9, 1952</b> , to <b>12/9, 1952</b> , that I last saw the deceased alive on <b>12/9, 1952</b> , and that death occurred at <b>6:00 P. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Edward H. Klein</b> (Degree or title) <b>Edward H. Klein M.D.</b>				23b. ADDRESS <b>Plaza Med-Bldg-KC. Mo</b>		23c. DATE SIGNED <b>12/10/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>		24b. DATE <b>12/12/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Temple</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>12-11-52</b>		REGISTRAR'S SIGNATURE <b>Beraldine Smith</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE, Kansas City, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

Jostling-

1944  
215 - Michigan Rd.  
Med. Soc. Bldg.

92306E

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 J. A. Walton

Licensed Embalmer No. 2744

P. O. Address KC 2nd

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.