

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9995**  
Registrar's No. **1445**

FILED MAR 27 1953

BIRTH NO. **15464** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KCMO</b>	
c. LENGTH OF STAY (in this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>3110 E 10TH</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BETTY</b> b. (Middle) <b>ANN</b> c. (Last) <b>MORRIS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 10 53</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>3-3-53</b>
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>K.C. Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	13. FATHER'S NAME <b>JACOB W MORRIS</b>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <b>SHIRLEY ANN SKAGGS</b>	
14. NAME OF HUSBAND OR WIFE		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 ADDRESS <b>J.W. MORRIS 3110 E 10TH</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>Intestinal atresia {Colon Congenital</b> ANTECEDENT CAUSES DUE TO (b) <b>Developmental anomaly</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Intra-auricular defect</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Intestinal atresia 7562</b>	
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) (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 <b>3-3, 1953</b> , to <b>3-10, 1953</b> , that I last saw the deceased alive on <b>3-10, 1953</b> , and that death occurred at <b>11:00 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Myron D. Jones</b>		23b. ADDRESS <b>926 E 11th St</b>	
23c. DATE SIGNED <b>3/10/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-11-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>PRICE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>WINIGAN MO</b>	
DATE REC'D BY LOCAL REG. <b>3-11-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>SEBASTO'S</b>		ADDRESS <b>CITY</b>	

(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 .....  
Student Embalmer

Student Embalmer No. ....  
Signed *Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *Rt 770*

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.