

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14379

State File No.

FILED MAY 1 1953

1949

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>15 YEARS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3725 BENTON BLVD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>3568</u> d. STREET ADDRESS (If rural, give location) <u>50 3725 BENTON BLVD.</u>	
---	--	--	--

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>NOVE</u> c. (Last) <u>MORROW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 8 1953</u>	
---	--	--	---	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 22 1869</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
------------------------------	---	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - 15 YEARS. POSTMASTER U. S. GOVERNMENT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AL</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PENNSYLVANIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>WILLIAM MORROW</u>	13b. MOTHER'S MAIDEN NAME <u>FLORA UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>MRS GOLDIE MORROW</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES SPANISH AMERICAN</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. GOLDIE MORROW</u> <u>3725 BENTON KANSAS CITY MO</u>	
--	---	---	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Myocardial Degeneration</u> <u>2 weeks</u> DUE TO (c) <u>General & Coronary Arteriosclerosis</u> <u>several yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
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 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)	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 Apr 6 1953, to Apr 8 1953, that I last saw the deceased alive on Apr 7 1953, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John M. Powers</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>3301 Linwood</u>	23c. DATE SIGNED <u>4/10/53</u>
---	--	---

24a. FUNERAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR 11 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
--	--	--	---

DATE REC'D BY LOCAL REG <u>4-11-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>O. H. Newcomer's Sons</u> <u>1331 BRUSH CREEK KANSAS CITY MO.</u>
--	--	---

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 Charles H. Stiborn

Licensed Embalmer No. 4560

P. O. Address: RC 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.