

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31905**
4621

No. 300
10-48

FILED OCT 15 1953

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>1 Mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rich Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3417 So. Benton</u>		d. STREET ADDRESS (If rural, give location) <u>6th + Chestnut</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nancy</u>	b. (Middle) <u>Susan</u>	c. (Last) <u>Morrell</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23, 1953</u>
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5. SEX <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>March 14, 1902</u>	9. AGE (In years last birthday) <u>51</u>	# UNDER 1 YEAR Month Day	# UNDER 1 HR. Hour Min.
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10a. USUAL OCCUPATION (The kind of work denoting most of working life, if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stella, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Thornton</u>	13b. MOTHER'S MAIDEN NAME <u>Violet Patterson</u>	14. NAME OF HUSBAND OR WIFE <u>Wood Morrell</u>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Kate Cox</u>	ADDRESS <u>Rich Hill Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of Cervix</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>Sept 10</u>	19b. MAJOR FINDINGS OF OPERATION <u>Radium implantation Carcinoma Cervix</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 August 21, 1953, to Sept 23, 1953, that I last saw the deceased alive on Sept 20, 1953, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Samuel B. Chapman M.D.</u> (Degree or title)	23b. ADDRESS <u>830 Argyle Bldg. Kansas City Mo.</u>	23c. DATE SIGNED <u>Sept 21, 53</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Buried</u>	24b. DATE <u>Sept 25, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rich Hill, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-24-53</u>	REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vivian L. Tophy</u>	ADDRESS <u>Dicks. Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1956

FEB 10 1956

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 Clifton L. Kephley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.