

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9041

State File No. ....

BIRTH NO. FILED APR 2 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Independence</b>		c. LENGTH OF STAY (in this place) <b>16 yrs.</b>		c. CITY OR TOWN <b>Independence</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3009 Vermont</b>		e. STREET ADDRESS (If rural, give location) <b>3009 Vermont</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Paul</b>	b. (Middle) <b>Russell</b>	c. (Last) <b>Morris</b>	(Month) <b>March</b>	(Day) <b>20,</b>	(Year) <b>1954</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 7, 1915</b>	9. AGE (In years last birthday) <b>38</b>	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Indep. Disposal Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fall River, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John M. Morris</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Emaline</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Ellen Morris</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-14-7286</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Dorothy Morris</b>	ADDRESS <b>Independence, Mo.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Epilepsy</b> 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Geo. C. Carson, Deputy Registrar</b>	23b. ADDRESS <b>34050 Birchway, SCW</b>	23c. DATE SIGNED <b>3-21-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 23, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3-23-54</b>	REGISTRAR'S SIGNATURE <b>Paul Russell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. C. Carson</b>	ADDRESS <b>Independence, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

995 FEB 1

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.....  
Signature of Student Embalmer

Signed *Harold E. Keal*

Licensed Embalmer No... 46

P. O. Address *Indep. 1*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.