

FILED MAY 17 1954

STANDARD CERTIFICATE OF DEATH

17247  
State File No. 4166  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Kansas City, Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. LENGTH OF STAY (in this place) <i>2 WEEKS</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>MISSOURI PACIFIC HOSPITAL</i>		e. STREET ADDRESS (If rural, give location) <i>646 Truoy Ave 818 8</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>ULYSSES</i> b. (Middle) <i>BEN</i> c. (Last) <i>MORGAN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>5 - 7 - 54</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>SEPT 10 - 1897</i>		9. AGE (in years last birthday) <i>56</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>WAITER-IN-CHARGE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>MO. PAL. RAILROAD</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>KANSAS CITY, KS</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13a. FATHER'S NAME <i>Isaac Morgan</i>		
13b. MOTHER'S MAIDEN NAME <i>Eva Miller</i>			14. NAME OF HUSBAND OR WIFE <i>CORRIE</i>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. (If yes, give war or date of service) <i>702-14-1689</i>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Clyde L. Robinson 3246 E. 123 St</i>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>PERITONITIS, LOCALIZED</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) <i>ABDOMINAL APOPLEXY</i>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>HYPERTENSION</i>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <i>5-4-54</i>	19b. MAJOR FINDINGS OF OPERATION <i>Retroperitoneal hemorrhage &amp; necrotic tissue</i>		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>576K</i>	

22. I hereby certify that I attended the deceased from *4-27*, 1954, to *5-7*, 1954, that I last saw the deceased alive on *5-7*, 1954, and that death occurred at *11:25 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Barton Passanante M.D.</i>	23b. ADDRESS <i>539 N. Grand, St Louis</i>	23c. DATE SIGNED <i>5-8-54</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>5-8-54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Kansas City</i>
24d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo</i>		

DATE REC'D BY LOCAL REG. <i>MAY 10 1954</i>	REGISTRAR'S SIGNATURE <i>Charles Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Gates Fun. Home 4107 Fenway Ave</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 14 1954

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 *Arthur L Hilliard*

Licensed Embalmer No. *422*

P. O. Address *St. Louis*

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.