

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27547

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3927

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 67 YEARS		f. STREET ADDRESS (If rural, give location) 4634 PENNSYLVANIA AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4634 PENNSYLVANIA AVE.			

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) STEVEN c. (Last) MORRILL			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 11 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 20. 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CLERK-1 YEAR		10b. KIND OF BUSINESS OR INDUSTRY BARNBY GOODMAN REASON RENTAL		11. BIRTHPLACE (City and State or Foreign Country) SEDALIA, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME CHARLES MORRILL		13b. MOTHER'S MAIDEN NAME MILDRED UNKNOWN		14. NAME OF HUSBAND OR WIFE GEORGIA MORRILL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-05-8374		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. GEORGIA MORRILL, 4634 PENN. K.C. Mo.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate		INTERVAL BETWEEN ONSET AND DEATH March 1954	
		ANTECEDENT CAUSES (b) bone metastases pelvis, spine, femurs.			
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DOE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS (c) Conditions contributing to the death but not related to the disease or condition causing death.		1777	
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 (Month) (Day) (Year) (Hour) OF INJURY		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 **8/11**, 19**54**, to **8/12**, 19**54**, that I last saw the deceased alive on **8/11**, 19**54**, and that death occurred at **1:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Lyle G. Willis M.D.		23b. ADDRESS 1103 Grand Ave		23c. DATE SIGNED 8/12/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE AUG. 13, 1954		24c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE Geraldine Smith		ADDRESS 1331 - BR JAY CREEK Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 8-13-54		REGISTRAR'S SIGNATURE			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Lyle G. Willis M.D.

Thursday 5:00 P.M.

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 *Edward M. Stoo*.....

Licensed Embalmer No. *442*

P. O. Address *K. C. 10*

Note: This 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..