

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED APR 4 1955

State File No. **8341**  
**1063**

BIRTH NO. 14723-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1063

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	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) <b>1 Day</b>		e. STREET ADDRESS (If rural, give location) <b>2122 Pendleton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Conley Maternity Hospital</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) <b>BABY</b>	a. (First) <b>BABY</b>	b. (Middle) <b>GIRL</b>	c. (Last) <b>MORTON</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>2 - 25 - 55</b>
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Infant</b>	<b>8. DATE OF BIRTH</b> <b>2 - 24 - 55</b>	<b>9. AGE</b> (In years last birthday) <b>1</b> IF UNDER 1 YEAR Months <b>1</b> IF UNDER 2 HRS. Days <b>1</b> Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Infant</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>-</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Kansas City, Mo.</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S. A.</b>				

<b>13a. FATHER'S NAME</b> <b>Robert Morton</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Charlotte Irene Abbott</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>none</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <i>Ms. Charlotte I. Morton</i>	<b>ADDRESS</b> <b>K.C. Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <b>7625</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Asphyxia Neonstorum</b>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <b>Realsorption Atectasis</b> DUE TO (c) <b>Physiological Immaturity</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 2-24, 19 55, to 2-25, 19 55, that I last saw the deceased alive on 2-25, 19 55, and that death occurred at 12:05P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <i>Luther W. Swift</i>	<b>23b. ADDRESS</b> <b>2105 Independence Ave.</b>	<b>23c. DATE SIGNED</b> <b>3/1/55</b>
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<b>24a. BURIAL, CREMATION REMOVAL (Specify)</b> <b>Reburied</b>	<b>24b. DATE</b> <b>2-25-55</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Conley Maternity Hosp. K.C. Mo.</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>K.C. Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>3-9-55</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Neva Marshall</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Conley Maternity Hosp. K.C. Mo.</i>	<b>ADDRESS</b> <b>Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

Licensed Embalmer No.....

P. O. Address .....

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.