

FILED MAY 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12069

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1805

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. LENGTH OF STAY (in this place) **34 yrs.**

c. CITY OR TOWN **KANSAS CITY** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. MARYS HOSPITAL**

50 STREET ADDRESS (If rural, give location) **3339 GILLHAM RD.**

3. NAME OF DECEASED (Type or Print) a. (First) **JOSEPHINE** b. (Middle) **M.** c. (Last) **MORRISON**

4. DATE OF DEATH (Month) (Day) (Year) **APRIL 22, 1955**

5. SEX **female**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Feb. 5, 1886**

9. AGE (In years last birthday) Months Days IF UNDER 1 YEAR IF UNDER 2 HRS. **69 yrs.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Milwaukee, Wisconsin**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **August J. Hoehne**

13b. MOTHER'S MAIDEN NAME **Marcella Ballard**

14. NAME OF HUSBAND OR WIFE **J. Ross Morrison**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **No**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **J. Ross Morrison--Husband 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral vascular accident**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Cerebral thrombosis**  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**10 days.**  
**332-X**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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) **Kansas City Jackson Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **April 12<sup>th</sup>, 1955**, to **April 22, 1955**, that I last saw the deceased alive on **April 22, 1955**, and that death occurred at **8:35 pm.**, from the causes and on the date stated above.

23a. SIGNATURE **K. L. Shireman** (Degree or title) **M.D.**

23b. ADDRESS **4126 St. John Ave K.C. Mo.**

23c. DATE SIGNED **April 23, 1955**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **4/24/55**

24c. NAME OF CEMETERY OR CREMATORY **Stillwater, Minn.**

24d. LOCATION (City, town, or county) (State) **Stillwater, Minnesota**

DATE REC'D BY LOCAL REG. **4-23-55**

REGISTRAR'S SIGNATURE **Neva Marshall**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **QUIRK & TOBIN-20 W. Linwood, K.C. Mo.**

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

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 *Josue D. Celdanow*

Licensed Embalmer No. *0471*

P. O. Address *K. C. Mo*

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.