

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1955

State File No. **15548**
1898

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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)
TOWN KANSAS CITY

c. CITY OR TOWN **KANSAS CITY**

d. Is residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location)
VETERANS ADMINISTRATION HOSPITAL

STREET ADDRESS (If rural, give location)
3118 KARNES BLVD

3466
0

3. NAME OF DECEASED
a. (First) **JOSEPH** b. (Middle) **CLIFFORD** c. (Last) **MORLEY**

4. DATE OF DEATH (Month) (Day) (Year)
AERIL 29 1955

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH
OCTOBER 1, 1894

9. AGE (In years last birthday) Months Days Hours Min.
60

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

10b. KIND OF BUSINESS OR INDUSTRY
BOB VART'S RESTAURANT LIBERTY, MO.

11. BIRTHPLACE (City and State or Foreign Country)
KANSAS CITY, KANSAS

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
CORNELIUS L. MORLEY

13b. MOTHER'S MAIDEN NAME
MAY MC KINNEL

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
YES WW I

16. SOCIAL SECURITY NO.
490-16-9306

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
VA HOSPITAL, 4801 E. Linwood Blvd, K.C., Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Pulmonary Edema and Congestion**

INTERVAL BETWEEN ONSET AND DEATH
1 da.

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Right Subdural Hematoma**
(m-m-o)
DUE TO (c)

3 Weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

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)

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 18, 1955, to April 29, 1955, ~~and that death occurred at 9:55 P.M., from the causes and on the date stated above.~~

23a. SIGNATURE
GENE F. ARMSTRONG, M. D.

23b. ADDRESS
4801 E. Linwood Blvd, K.C., Mo.

23c. DATE SIGNED
4-30-55

24a. BURIAL CREMATION (Specify)

24b. DATE
MAY 2 1955

24c. NAME OF CEMETERY OR CREMATORY
ST. JOHN'S CEMETERY

24d. LOCATION (City, town, or county) (State)
KANSAS CITY KANSAS

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
4-30-55 Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
D.H. Newcomer's Sons 1331-BRUSH CREEK KANSAS CITY, 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 *Chester K Brown*.....

Licensed Embalmer No. *42*

P. O. Address *KC*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.