

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40770

5706

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (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. LENGTH OF STAY (In this place) <b>38 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>4</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>44th E 31st</b>				e. STREET ADDRESS (If rural, give location) <b>44th E 31st</b>				<b>33 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>			b. (Middle) <b>Samuel</b>		c. (Last) <b>Morgan</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28, 1955.</b>		
5. SEX <input checked="" type="checkbox"/> Male <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Nov. 26, 1884</b>		9. AGE (In years last birthday) <b>71</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Manuels Grocer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Emporia Kansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>John Morgan</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Ann</b>			14. NAME OF HUSBAND OR WIFE <b>Gertrude Morgan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>500-12-5106</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Gertrude Morgan 44th E 31 St Kansas City Mo</b>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Arrest</b>				INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Etiology undetermined</b>					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>4343</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>natural</b>		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?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <input checked="" type="checkbox"/> alive on _____, 19____, and that death occurred at <b>7:00 Am.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Hugh H. OWENS</b> (Degree or title) <b>3</b>				23b. ADDRESS <b>1034 Piatt Bldg</b>		23c. DATE SIGNED <b>12-28-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 30, 1955.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>			
DATE REC'D BY LOCAL REG. <b>12-29-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C.L. Forster</b>		ADDRESS <b>Funeral Home Kansas City Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

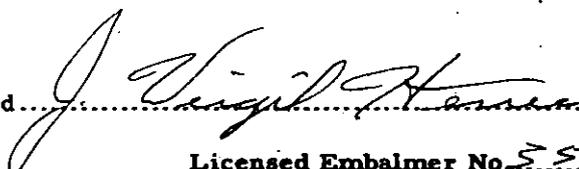
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. 358

P. O. Address H.C.M.

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.