

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4997**
600

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

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| 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) 35 Yrs. | | e. STREET ADDRESS (If rural, give location) 2927 Norton | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Bessie b. (Middle) _____ c. (Last) Morrison | | | 4. DATE OF DEATH (Month) (Day) (Year) 2 8 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 30 May 1881 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S. |

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| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Jarvis Morrison |
| 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. None |
| 17. INFORMANT'S SIGNATURE OR NAME Mabel Juvenal | | ADDRESS 5514 E. 23rd. ST. K.C. |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident | | INTERVAL BETWEEN ONSET AND DEATH 331X |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | |
| | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 1 | 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 OF INJURY (Month) (Day) (Year) (Hour) (m.) | 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 Jan. 31, 1956, to Feb. 8, 1956, that I last saw the deceased alive on Feb. 8, 1956, and that death occurred at 5:30P m., from the causes and on the date stated above.

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| 23a. SIGNATURE B.I. Burns (Degree or title) M.D. | | 23b. ADDRESS 24th & Cherry | 23c. DATE SIGNED 2-9-1956 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/11/56 | 24c. NAME OF CEMETERY OR CREMATORY Floral Hills | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| DATE REC'D BY LOCAL REG. 2-9-56 | REGISTRAR'S SIGNATURE Neve Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floral Hills Memorial Chapels 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 *Lloyd C. McNeil*.....

Licensed Embalmer No. *485*
P. O. Address *712*.....

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.