.300
.48

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

FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9228

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 966

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 58 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trinity Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 5000 Oak

3138

3. NAME OF DECEASED (Type or Print)
a. (First): EDMUND
b. (Middle): E.
c. (Last): MORRIS

4. DATE OF DEATH (Month) (Day) (Year): March 2, 1956

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 13, 1872
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Executive
10b. KIND OF BUSINESS OR INDUSTRY: B ank
11. BIRTHPLACE (City and State or Foreign Country): Salina, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William E. Morris
13b. MOTHER'S MAIDEN NAME: Anna Bonham
14. NAME OF HUSBAND OR WIFE: Martha Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-01-1512
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Martha Morris, 5000 Oak, Kansas City, Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occ. — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Art. Scler. Heart Dis — yrs
DUE TO (c) Gen Art. Sclerosis — yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Decompensation Cardiac — 6 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4500
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* 2-10-56, 19____, *to* 3-2-56, 19____, *that I last saw the deceased alive on* 3-2-56, 19____, *and that death occurred at* 12:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert M. Myers (Degree or title) Robert M Myers M.D
23b. ADDRESS: 1025 Rialto Bldg. K.C. Mo.
23c. DATE SIGNED: 3-3-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/5/56
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 3-5-56
REGISTRAR'S SIGNATURE: Neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: STINE & McCLURE UND. CO. K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert M. Myers
Bialto Bldg.
Vi 2-4765

8:30 AM to 1:00 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eugene L. Kem

Licensed Embalmer No. 46

P. O. Address Kansas Ci

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