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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13659

State File No.

FILED MAY 10 1956

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4240 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY OR TOWN Blue Springs	c. CITY OR TOWN Blue Springs	c. LENGTH OF STAY (in this place) 50 yrs	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 N 16th Street		e. STREET ADDRESS (If rural, give location) 213 N 16th Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Ruth	b. (Middle) Anna	c. (Last) Morris	(Month) April	(Day) 29	(Year) 1956

5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 30 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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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) Smithville Tenn	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jefferson Vaughan	13b. MOTHER'S MAIDEN NAME Martha Adock	14. NAME OF HUSBAND OR WIFE W.T. Morris
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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 W.T. Morris	ADDRESS Blue Springs Mo
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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) Cardiac + Respiratory Failure		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Hypertension and Senility		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 28, 1956, to April 29, 1956, that I last saw the deceased alive on April 29, 1956, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE James H. Via	(Degree or title) D.O.	23b. ADDRESS Blue Springs, Mo.	23c. DATE SIGNED 4-30-1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-1-1956	24c. NAME OF CEMETERY OR CREMATOR Blue Springs	24d. LOCATION (City, town, or county) (State) Blue Springs Mo
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DATE REC'D BY LOCAL REG. 5-1-1956	REGISTRAR'S SIGNATURE N.R. Langford	25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home	ADDRESS Blue Springs Mo
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Licensed Embalmer's Statement on Reverse Side

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.....



Licensed Embalmer No. 235-3

P. O. Address Blue Springs

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.