

FILED JUN 13 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16508

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		Registrar's No. <u>2217</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		b. COUNTY <b>Clay</b>		a. STATE <b>Missouri</b>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. LENGTH OF STAY (in this place) <b>2 yrs.</b>		c. CITY OR TOWN <b>Kansas City 16, North</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp.</b>				e. STREET ADDRESS (If rural, give location) <b>633 E. 43 rd. North</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Clarence</b>		b. (Middle) <b>W.</b>		c. (Last) <b>Morean</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 21, 1956</b>		5. SEX <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>Jan. 12, 1896</b>		9. AGE (In years last birthday) Months Days Hours Min. <b>60</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman-Farm Mach.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Port Huron Co.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>A.M. Morean</b>		13b. MOTHER'S MAIDEN NAME <b>Minerva Wheeler</b>	
14. NAME OF HUSBAND OR WIFE <b>Marion C. Morean</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W.W.I</b>		16. SOCIAL SECURITY NO. <b>091-01-7015</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marion C. Morean K.C. North</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		ANTECEDENT CAUSES				DUE TO (b) <b>coronary arteriosclerosis</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>-</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				4201 ✓	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
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"/>		22. I hereby certify that I attended the deceased from <del>5-12, 1956</del> to <b>5-21, 1956</b> , that I last saw the deceased alive on <del>5-20, 1956</del> and that death occurred at <b>2:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE Robert H. Hodge (Degree or title) <b>MD</b>		23b. ADDRESS <b>329 E. 11th St., Kansas City, Mo</b>		23c. DATE SIGNED <b>5-21-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5/21/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hutchinson Kas.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>5-21-56</b>		REGISTRAR'S SIGNATURE <b>Neve Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Stine &amp; Mc Clure Und. Co.</b>		ADDRESS <b>K.C. Mo.</b>	

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

Dr. R. W. Hodge & G. Bates  
329 Lincoln Rd.

2a 1-3443.

Boyl-32

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..... *J. T. Crowell*

Licensed Embalmer No....424

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.