

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27056

State File No. ....

|   |  |  |   |  |  |  |  |
|---|--|--|---|--|--|--|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>3247</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>  |  | c. LENGTH OF STAY (in this place)<br><u>50 yrs.</u>  |   | c. CITY OR TOWN <u>Kansas City</u>   |  | d. Is Residence within limits of city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Menorah Medical Center</u>   |  |  |   | e. STREET ADDRESS (If rural, give location)<br><u>62 4022 Olive</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |  | a. (First) <u>Robert</u>   |   | b. (Middle) <u>E.</u>  |  | c. (Last) <u>Morrissey</u>   |  |
| 4. DATE OF DEATH  |  | (Month) <u>7</u>   |   | (Day) <u>25</u>  |  | (Year) <u>56</u>   |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>   |  | 8. DATE OF BIRTH<br><u>4-17-79</u>   |  |
| 9. AGE (In years last birthday)<br><u>77</u>  |  | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>0</u>   |   | IF UNDER 24 HRS.<br>Hours <u>0</u> Min. <u>0</u>   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Plumber</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Retail Plumbing</u> |  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>San Francisco, California</u>   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |  |   |  |  |  |  |
| 13a. FATHER'S NAME<br><u>UNKNOWN</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Edith L. Morrissey</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>490-09-3635A</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Catherine Ryerson, Denver, Colo.</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Uremia</u>   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>nephrosclerosis</u>           |   |  |  |  |  |
|   |  | DUE TO (c) <u>arteriosclerosis - heart disease</u>   |   |  |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Hypertrophic arthritis</u> |   |  |  | <u>4:00</u>  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |  |  | 20. AUTOPSY?<br>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)   |  | 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 <u>July 1, 1954</u> , to <u>7-25, 1956</u> , that I last saw the deceased alive on <u>7-23, 1956</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above. |  |  |   |  |  |  |  |
| 23a. SIGNATURE <u>Gustave Eisemann</u> (Degree or title)  |  |  |   | 23b. ADDRESS<br><u>701 E 63rd Street</u>   |  | 23c. DATE SIGNED<br><u>7/25/56</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>7-27-56</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Missouri</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>7-26-56</u>  |  | REGISTRAR'S SIGNATURE<br><u>Neva Minshall</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Melody-McGilley-Eylar, Kansas City, Mo.</u>   |  |  |  |

(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.....

P. O. Address.....

~ 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.