

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30875

STATE FILE NUMBER

FILED OCT 3 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 8925

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, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST MARY'S HOSPITAL		d. STREET ADDRESS 5448 TROOST AVE	
3. NAME OF DECEASED (Type or print) First HARLEY Middle W. Last MORSMAN		4. DATE OF DEATH Month SEPT Day 17 Year 1956	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT-22-1887
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR		9. AGE (In years last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY FLOWER SHOP	
11. BIRTHPLACE (City and state or country) DENISON TEXAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME DORMAN J. MORSMAN		14. MOTHER'S MAIDEN NAME CARRIE C. FALES	
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. 487-09-9316	
17. INFORMANT MRS MAE L MORSMAN		Address 5448 TROOST AVE. KANSAS CITY MO	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) a acute car Pulmonary DUE TO (b) Pulmonary Emphysema DUE TO (c) bronchial asthma PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 24 1/2
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour 12:40 P. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION KANSAS CITY		COUNTY MISSOURI STATE	
21. I attended the deceased from June 1956 to 9-17-56 and last saw ^{him} alive on 9-17-56 Death occurred at 12:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Geo. C. Kealhofer (Degree or title)		22b. ADDRESS 6627 Walnut St. Kansas City Mo	
22c. DATE SIGNED 9-17-56		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE SEPT. 20 1956		23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY		STATE MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.	
25. DATE RECD. BY LOCAL REG. 9-20-56		26. REGISTRAR'S SIGNATURE Reva Minshall	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 *Paul R. Wilkinson*

Licensed Embalmer No...506

P. O. Address...K.C. Mo.

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.