

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 22 1956

33200

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1099

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph <i>01170</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Meth. Hosp.		Length of stay in 1b 24 years	
d. STREET ADDRESS 2923 Monterey St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle VICTOR Last MOREHEAD			4. DATE OF DEATH Month Oct. Day 6, 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 July 11, 1897
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months 59 Days 59 Hours 59 Min. 59	IF UNDER 24 HRS. Months 59 Days 59 Hours 59 Min. 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) manager		10b. KIND OF BUSINESS OR INDUSTRY Bottling Co.	11. BIRTHPLACE (City and state or country) Troy, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles M. Morehead	
14. MOTHER'S MAIDEN NAME Myrtle unknown		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. 491-09-1958		17. INFORMANT Address St. Joseph, Mo. Mrs. Marie Morehead, 2923 Monterey, 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) Submassary embolus ecrhoni of the liver Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease DUE TO (c) Rheumatic Heart Disease 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 10 days 6 mo 10 year
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4/16 X	
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 6 Month, Day, Year 1956 a. m. 00 p. m. 00		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 COUNTY STATE	
21. I attended the deceased from April 7 1956 to 6 Oct 1956 and last saw ^{him} alive on 6 Oct Death occurred at 3:55 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Morehead MD (Degree or title)		22b. ADDRESS 2603 Fredrick City	
22c. DATE SIGNED 10-10-56		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE 10/8/1956		23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	
23d. LOCATION (City, town, or county) St. Joseph, Mo.		(State)	
24. FUNERAL DIRECTOR Walter Bowman ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Oct 16, 1956	
26. REGISTRAR'S SIGNATURE Esther M. Allison			

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.....
Eugene Wood

Licensed Embalmer No. *3801*

P. O. Address *314 1/2 St. N. S. P.*

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