THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1957

STATE FILE NUMBER 4886

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 876

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): V.A. Hospital — Length of stay in Hospital: 13 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 225 E. 72nd Terrace — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: HAROLD Middle: NELSON Last: MORGAN

4. DATE OF DEATH Month: 2nd Day: 22nd Year: 1957

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH:** 2-27-98 **9. AGE** (In years last birthday): 58 yrs IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Regional Attorney Retired-1YR **10b. KIND OF BUSINESS OR INDUSTRY:** FEDERAL HOUSING ADMINISTRATION Law **11. BIRTHPLACE** (City and state or country): Kansas City, Mo **12. CITIZEN OF WHAT COUNTRY?** U.S.

13. FATHER'S NAME: Harper N. Morgan **14. MOTHER'S MAIDEN NAME:** Sally ~~Jerrerica~~ JEFFRIES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI & WWII **16. SOCIAL SECURITY NO.:** 491 32 4571 **17. INFORMANT:** MABEL MORGAN Address: 225 E. 72nd. TERRACE ~~V.A. Hospital Records~~, Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial infarct
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Occlusion coronary artery
DUE TO (c): Coronary arteriosclerosis
4 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Aortic stenosis

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **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 ~~February 22, 1957~~ to ~~February 22, 1957~~ and last saw the deceased alive on VA
Death occurred at 3:25am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Dwyer (Degree or title) MD **22b. ADDRESS** City Hall K C Mo **22c. DATE SIGNED** 2/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **23b. DATE:** FEB 23 1957 **23c. NAME OF CEMETERY OR ~~CREMATORY~~:** Mt. Moriah Cemetery **23d. LOCATION** (City, town, or county) (State): Kansas City Missouri

24. FUNERAL DIRECTOR: D.W. Newcomer's Sons **ADDRESS:** 1331 Brush Creek Kansas City Mo. **25. DATE RECD. BY LOCAL REG.:** 2-23-57 **26. REGISTRAR'S SIGNATURE:** neva minahall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 15 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul R. Williamson

Licensed Embalmer No. 500

P. O. Address Overland
Kans

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.