

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**8816**

STATE FILE NUMBER

**FILED MAR 20 1957**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 947

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before (mission)) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Hickman Mills 7006</b>	
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mehorah Hosp.</b>		Length of stay in lb <b>1 day</b>	
d. STREET ADDRESS <b>8611 E. Bannister Rd</b>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <b>Floyd</b> Middle <b>Amos</b> Last <b>Morris</b>			<b>4. DATE OF DEATH</b> Month <b>Feb</b> Day <b>27</b> , Year <b>1957</b>		
<b>5. SEX</b> Male <input checked="" type="checkbox"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Apr. 27, 1880</b>		<b>9. AGE</b> (In years last birthday) <b>76</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Dairy</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>Hickman Mills, Missouri</b>	
<b>13. FATHER'S NAME</b> <b>William Morris</b>			<b>14. MOTHER'S MAIDEN NAME</b> <b>Nancy Nolan</b>		
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>NONE</b>		<b>17. INFORMANT</b> Address <b>Mabel Morris, Hickman Mills, Mo,</b>	

<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebrovascular Accident</b> DUE TO (b) <b>Hypertension</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>approximately 24 hrs.</b>  <b>331 X H</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Multiple Myeloma</b>		<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a. m. _____ p. m.		<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
<b>20e. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE		
<b>21. I attended the deceased from</b> <u>1955</u> <u>2-27-1957</u> <b>and last saw her/him alive on</b> <u>2-27-57</u> <b>Death occurred at</b> <u>5 p.</u> <b>m on the date stated above; and to the best of my knowledge, from the causes stated.</b>				
<b>22a. SIGNATURE</b> (Degree or title) <b>H. L. Ketterman M.D.</b>		<b>22b. ADDRESS</b> <b>Hickman Mills, Mo.</b>		<b>22c. DATE SIGNED</b> <b>2-28-57</b>

<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>23b. DATE</b> <b>March 1, 57</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cem.</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Kansas City, Missouri</b>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>H. George News Grandview Mo</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>2-28-57</b>		<b>26. REGISTRAR'S SIGNATURE</b> <b>new Minshall</b>		

(Licensed Embalmer's Statement on Reverse Side)

health, welfare, public service  
 300-56  
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without. All

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 H. L. Ketterman

MEDICAL CERTIFICATION

DEC 16 1958

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 Richard E. George

Licensed Embalmer No. 395

P. O. Address Boston

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.