

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28310
STATE FILE NUMBER
3812

FILED AUG 30 1957

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

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.			Length of stay in 1b' 45 yrs.		d. STREET ADDRESS 4214 Montgall		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First LESLIE Middle SAM Last MORRISON				4. DATE OF DEATH Month Aug. Day 11, Year 1957					
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 5-21-1886		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dental Technician		10b. KIND OF BUSINESS OR INDUSTRY New York, Eastern		11. BIRTHPLACE (City and state or country) Louisville, Nebraska		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Enzel A. Morrison				14. MOTHER'S MAIDEN NAME Mary Housen					
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. 486-05-6028		17. INFORMANT Address Edith M. Morrison. 4214 Montgall				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery Sclerosis - DUE TO (c) General Vascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Undernutrition -								INTERVAL BETWEEN ONSET AND DEATH 2 mos. 2 mos. 1 year -	
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 _____ Month _____ Day _____ a. m. _____ p. m. _____									
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 building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 8-9-57 to 8-11-57 and last saw him alive on 8-11-57 Death occurred at 7:30 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Graham Asher M.D.				22b. ADDRESS 1270 Prof. ... Kansas City 6 - Mo.		22c. DATE SIGNED 8-12-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE August 14, 57		23c. NAME OF CEMETERY OR CREMATORY mt. moriah		23d. LOCATION (City, town, or county) Kansas city, mo		(State)	
24. FUNERAL DIRECTOR ADDRESS Mellody-McGilley-Eylar Kansas City,				25. DATE RECD. BY LOCAL REG. 8-14-57		26. REGISTRAR'S SIGNATURE Nevo Minshall			

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Graham Asher

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12

Dr. Graham Asher
Prof. B.E.G.
V12-8180
2-5 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Gene W. Blair*
Licensed Embalmer No. *46*

P. O. Address *NC*

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.