. Health,
& Welfare
. Public
h Service

S. 300
v. 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Harold W. Voth

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014350
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1864

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes — Length of stay in Hospital 25 days

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) 6169 Pasco — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First: Thomas Middle: H. Last: Morgan

4. DATE OF DEATH Month 4 Day 9 Year 58

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 10-26-1889
9. AGE (In years last birthday) 68
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) PRESIDENT, CLARK
10b. KIND OF BUSINESS OR INDUSTRY THE HATTER
11. BIRTHPLACE (City and state or country) MADISON, Wis.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Tom Morgan
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 340-05-0414
17. INFORMANT Address MRS. VETA MORGAN. K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Coronary Thrombosis
DUE TO (c) — 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

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 April 2, 58 to April 4, 58 and last saw him alive on April 8, 58
Death occurred at 10 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold W. Voth (Degree or title) M.D.
22b. ADDRESS 201 Plaza Med. Bldg. 315 Nichols Rd. K.C. Mo.
22c. DATE SIGNED Apr. 10, 58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE APRIL 12, 1958
23c. NAME OF CEMETERY OR CREMATORY FOREST HILL PANTHEON
23d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.

24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY, KANSAS CITY, Mo.
25. DATE RECD. BY LOCAL REG. 4-11-58
26. REGISTRAR'S SIGNATURE Neva Marshall

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student ..... Signed Clayton R. Barnes

Signature of Student Embalmer

Licensed Embalmer No. 479

P. O. Address K. C., M

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