

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018393

STATE FILE NUMBER

2616

FILED JUN 11 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1904 Main</b>		STREET ADDRESS (If outside, give location) <b>1904 Main</b>	
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Abner</b> Last <b>Morgan</b>		4. DATE OF DEATH Month <b>May</b> Day <b>22</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Cauc.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 5, 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Maintenance</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Maintenance</b>	11. BIRTHPLACE (City and state or country), <b>Greenville, Tenn.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William Abner Morgan</b>	
13b. MOTHER'S MAIDEN NAME <b>Amanda Ellis</b>		14. NAME OF HUSBAND OR WIFE <b>Lucille</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. Hazel Burnett</b>		Address <b>4217 Euclid</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Pulmonary Edema</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cardiac De-compensation</b> DUE TO (c) <b>Chronic Cor. Pulmonale</b>			INTERVAL BETWEEN ONSET AND DEATH <b>None</b> <b>1 month</b> <b>?</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Marked Interstitial Fibrosis - Right Lung - Bronchiectasis</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <b>525.X</b>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 <b>June 9, 1957</b> to <b>May 22, 1958</b> and last saw him alive on <b>May 14, 1958</b> Death occurred at <b>6:00 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Carl R. Ferris MD</b>		22b. ADDRESS <b>535 Agate Blvd Kansas City, 6 Missouri</b>	
22c. DATE SIGNED <b>May 23, 1958</b>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 24, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Muehlebach</b>		ADDRESS <b>6800 Troost</b>	
25. DATE RECD. BY LOCAL REG. <b>5-23-58</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

Carl R. Ferris



*By Bureau  
Hygiene Dept.  
1:00 P.M. - 5:00 P.M.*

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 1 .....  
Signature of Student Embalmer

Signed *[Signature]* .....

Licensed Embalmer No. 4997 .....  
P. O. Address *[Signature]* .....

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