

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022008

STATE FILE NUMBER  
2929

FILED JUL 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

5. 300  
1-57

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|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>2414 E. 68th Terr.</b> |  | Length of stay in lb<br><b>Life cars</b>   | d. STREET ADDRESS (If outside, give location)<br><b>2414 E. 68th Terr.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>MR. JOHN WALLER MORRIS</b> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>June 9, 1958</b> |  |  |
|---|--|--|---|--|--|

|                       |                                  |   |   |  |                                |                                |
|-----------------------|----------------------------------|---|---|--|--------------------------------|--------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 21, 1900</b> | 9. AGE (In years last birthday)<br><b>57</b> | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|-----------------------|----------------------------------|---|---|--|--------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Cost Accountant at</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Union Wire Rope Co.</b> | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
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|--|---|--|
| 13a. FATHER'S NAME<br><b>William S. Morris</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Helen Francis Doyle</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Helen Morris</b> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> unknown) (If yes, give war or dates of service)<br><b>70</b> | 16. SOCIAL SECURITY NO.<br><b>486-09-9429</b> | 17. INFORMANT Address<br><b>Helen Morris - 2414 East 68th Terrace</b> |
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|  |            |  |
|--|------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>CORONARY OCCLUSION</b> |            | INTERVAL BETWEEN ONSET AND DEATH<br><b>SCODEN</b><br><b>1 1/2</b><br><b>4201</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>HYPERTENSION</b>                                | DUE TO (c) |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                          |            |  |

|   |  |
|---|--|
| 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.) |
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|   |   |  |   |
|---|---|--|---|
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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 |
|---|---|--|---|

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| 21. I attended the deceased from Death, occurred at <b>3-27-33</b> to <b>6-9-58</b> and last saw <sup>her</sup> him alive on <b>3-3-58</b><br><b>4:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated. |
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|   |   |                                   |
|---|---|-----------------------------------|
| 22. SIGNATURE<br><i>[Signature]</i> (Degree or title) | 22b. ADDRESS<br><b>6700 Prospect K.C.</b> | 22c. DATE SIGNED<br><b>6-9-58</b> |
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|--|-----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 23b. DATE<br><b>June 11, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Washington Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |
|--|-----------------------------------|--|---|

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| 24. FUNERAL DIRECTOR<br><b>Stine &amp; McClure Und. Co., K.C., Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>6-10-58</b> | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i> |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

P.C. Quistgard



23-4913  
11-1-1901

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 *J. S. Walton* .....

Licensed Embalmer No. *2744* .....

P. O. Address. *K.C. Mo.* .....

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.