

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025690  
STATE FILE NUMBER  
3242

FILED JUL 25 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

5. 300  
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

EDWARD C. TEUBE, 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) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1334 East 8th.st.</b>		Length of stay in lb <b>14yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>1334 East 8th.st.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Julian</b> Middle <b>R.</b> Last <b>Morse</b>			4. DATE OF DEATH Month <b>6</b> Day <b>30</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-16-1899</b>
9. AGE (In years last birthday) <b>59</b>		IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Printing Pressman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Vile-Gabler Ptg.</b>	11. BIRTHPLACE (City and state or country) <b>Galveston, Texas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Julian R. Morse</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Chase</b>	
14. NAME OF HUSBAND OR WIFE <b>Janet Morse</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>513-01-2761</b>	
17. INFORMANT Address <b>Janet Morse 1334, East 8th. K.C.Mo.</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>Carcinoma of the Rectum with Metastasis</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Terminal Acute Obstruction</b>			<b>1541</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)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ 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 20/58</b> to <b>June 20/58</b> and last saw him alive on <b>June 20/58</b> Death occurred at _____ m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Edward C. Teubel MD</b>		22b. ADDRESS <b>4304 Transit</b>	22c. DATE SIGNED <b>June 21/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7-6-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mound City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mound City, Kansas</b>
24. FUNERAL DIRECTOR ADDRESS <b>Weilert Funeral Homes K.C.Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-1-58</b>	26. REGISTRAR'S SIGNATURE <b>Neve Minchall</b>

24

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 *B. E. Weibert* .....

Licensed Embalmer No. *4075* .....  
P. O. Address *KC 8 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.