

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028544

STATE FILE NUMBER

3826

FILED AUG 27 1958

Registration District No.

393

Primary Registration District No.

1002

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY	
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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 801 E 42ND TERR		Length of stay in lb 30 YRS	d. STREET ADDRESS (If outside, give location) 801 E 42ND TERR
3. NAME OF DECEASED (Type or print) First CHARLES Middle A Last MORRISON JR.		4. DATE OF DEATH Month Aug Day 8 Year 1958	
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 MAY 25 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales CORRESPONDENT		10b. KIND OF BUSINESS OR INDUSTRY B.F. Goodrich Co.	11. BIRTHPLACE (City and state or country) OMAHA, NEBR
13a. FATHER'S NAME CHARLES A MORRISON		13b. MOTHER'S MAIDEN NAME BLANCHE	14. NAME OF HUSBAND OR WIFE HAZEL MORRISON
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. 487-10-9499	17. INFORMANT Address MRS HAZEL MORRISON 801 E 42ND TER
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Col. Lung Cancer			INTERVAL BETWEEN ONSET AND DEATH 1528
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) op. 2 yr ago for ca of Descending Colon			
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. Month, Day, Year _____			
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 bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1-930 to Aug 8-58 and last saw her alive on July 20-58 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) Wm A. Rutledge M.D.		22b. ADDRESS 1220 E 31ST	22c. DATE SIGNED 8-9-58
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Aug 11 1958	White Chapel Cem	Clay Co MO
24. FUNERAL DIRECTOR D. W. Newton		ADDRESS 1014 N. K.C.	25. DATE RECD. BY LOCAL REG. 8-9-58
		26. REGISTRAR'S SIGNATURE Wm Marshall	

(Licensed Embalmer's Statement on Reverse Side)

High A. Gestring USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Nov 1-6 4500

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 *Glenn H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K. C. 16, 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.