

Health,  
& Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029205  
STATE FILE NUMBER  
3720

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3720

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Raytown Mo</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Research Hosp</u>		Length of stay <u>73 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>9508 E 77th</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>W. (Jack)</u> Last <u>Morrow</u>			4. DATE OF DEATH Month <u>Aug</u> Day <u>2</u> Year <u>1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 25, 1912</u>	9. AGE (In year last birthday) <u>46</u>	10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Worship Engineer</u>	10b. KIND OF BUSINESS, OCC. OR INDUSTRY <u>Messerschmitt Helicopter</u>	11. BIRTHPLACE (City and state or county) <u>Pleasanton, Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Geo. W. Morrow</u>	13b. MOTHER'S MAIDEN NAME <u>Elta Tolle</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Morrow</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, unknown) <u>Yes</u>	16. SOCIAL SECURITY NO. <u>496-01-6153</u>	17. INFORMANT <u>Mary E. Morrow</u>	Address <u>Raytown, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	151X
	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? 1 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.)
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20c. TIME OF INJURY Hour <u>    </u> Month <u>    </u> Day <u>    </u> Year <u>    </u> a.m. <u>    </u> p.m. <u>    </u>	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 <u>Raytown, Mo</u>	COUNTY <u>    </u>	STATE <u>    </u>
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21. I attended the deceased from <u>1 July 58</u> to <u>2 Aug 58</u> and last saw <sup>him</sup> alive on <u>2 Aug 58</u> Death occurred at <u>3 PM</u> m on the day stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Jack M. Davis M.D.</u> (Degree or title)	22b. ADDRESS <u>Raytown, Mo</u>	22c. DATE SIGNED <u>3 Aug 58</u>
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23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 4, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cem.</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Mo</u>	(State) <u>    </u>
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24. FUNERAL DIRECTOR <u>Wilton T. Tophy</u>	ADDRESS <u>Raytown, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8-3-58</u>	26. REGISTRAR'S SIGNATURE <u>Gene Minshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.

Jack M. Davis USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 .....  
*William L. Kesley*

Licensed Embalmer No. *4225*  
P. O. Address... *Raytown, 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.