Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001446
STATE FILE NUMBER 192

JAN 28 1959 Registration District No. 14P Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Northeast Hosp — Length of stay in Ib 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Grain Valley — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural Route #1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Charles Middle: D. Last: Morrison

4. DATE OF DEATH Month: 1 Day: 11 Year: 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 12/2/1880

9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (City and state or country) Grain Valley Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alphus Morrison

13b. MOTHER'S MAIDEN NAME Mary Katherine Moore

14. NAME OF HUSBAND OR WIFE Maude

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 490-42-7120

17. INFORMANT Berl T. Ellis — Address 3405 Blue Ridge Independence Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypostatic Pneumonia. — INTERVAL BETWEEN ONSET AND DEATH 3 da.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial Degeneration
DUE TO (c) atriosclerosis.
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 ☐ NO ☐ 0

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

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 ☐ NOT WHILE AT WORK ☐

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 Jan 8 1959, to Jan 11-1959 and last saw her/him alive on Jan 11 1959
Death occurred at 6 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L.W. Higgins D.O.

22b. ADDRESS Blue Ridge Cutoff & N HO Hiway

22c. DATE SIGNED 1/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 1/13/59

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem

23d. LOCATION (City, town, or county) Oak Grove (State) Mo.

24. FUNERAL DIRECTOR Webb Funeral Home — **ADDRESS** Blue Springs Mo

25. DATE RECD. BY LOCAL REG. 1-12-59

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

L. W. Higgins

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 Frew....

Licensed Embalmer No. ....Y733....

P. O. Address ....Blue Springs, 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.