

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017056

STATE FILE NUMBER

FILED JUN 11 1959

Registration District No. 62

Primary Registration District No. 5240

Registrar's No. 16

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cedar			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kansas City, Kansas		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 Miles North		Length of stay in 1b	d. STREET ADDRESS 1111 Hasbrook		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DONALD OSCAR MORLEY			4. DATE OF DEATH Month Day Year May 31, 1959		
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 18, 1932	9. AGE (In years of last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 27 Months Days Hours Min. 0 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Oscar G. Morley		13b. MOTHER'S MAIDEN NAME Hazel Dove		14. NAME OF HUSBAND OR WIFE Velma Morley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year dates of service) Yes 1932		16. SOCIAL SECURITY NO.	17. INFORMANT Address Velma Morley, Kansas City, Kans.		
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>Drowning</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					9298
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					42
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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 4 p.m. 5-31-59					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 5	20f. CITY, TOWN, OR LOCATION COUNTY STATE Cedar County (See River) Mo.		
21. I attended the deceased from <u>viewed</u> , to _____ and last saw ^{her} alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Mrs. M. J. Corner</u> (Degree or title) 3			22b. ADDRESS Paradise Springs, Mo.		22c. DATE SIGNED 6-1-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/1/1959	23c. NAME OF CEMETERY OR CREMATORY Daniels Fun. Home		23d. LOCATION (City, town, or country) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Cantlon Fun. Home, Stockton, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 6-6-59	26. REGISTRAR'S SIGNATURE Geneva Garrison	

JUL 24 1959

JUN 27 1959

VS SEP 16 1959

MAR 23 1960

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 *John A. Cantlon*

Licensed Embalmer No. *4387*

P. O. Address. *Stockton, MD.*

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.