

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023920

STATE FILE NUMBER

FILED JUN 30 1959

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 110

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Veernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada State Hospital #30-1-13		Length of stay in 1b 30-1-13 STREET ADDRESS (If outside, give location) 8600 Grace Ave.	
3. NAME OF DECEASED (Type or print) Samuel Fredrick Morlan			4. DATE OF DEATH Month 6- Day 14- Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-13-1884
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown	9. AGE (In years last birthday) 74 11. BIRTHPLACE (City and state or country) Dublin Missouri
13a. FATHER'S NAME Erwin Morlan		13b. MOTHER'S MAIDEN NAME Adelin Curry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. Unknown 17. INFORMANT Admission Papers	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Vessel Disease DUE TO (b) Atheromatous Sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senil Dementia			19. INTERVAL BETWEEN ONSET AND DEATH Years Years
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 <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 5-1-1959 to 6-14-59 and last saw ROX alive on 6-14-59 Death occurred at 1:07 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. Allen Pickens M.D.		22b. ADDRESS Nevada, Mo.	
22c. DATE SIGNED 6-14-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/14/59	23c. NAME OF CEMETERY OR CREMATORY Floral Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Floral Hill Chapel, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 6-24-1959	26. REGISTRAR'S SIGNATURE Anna E. Ferry

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 *Clayton C. McLeod*

Licensed Embalmer No. *4853*

P. O. Address *Florida, 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.