

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025311

FILED VS JUL 31 1959

3486

STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 70 YRS.	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1324 EAST 62 TERR.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1324 EAST 62 TERR Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MR. WALTER A. MORRIS			4. DATE OF DEATH Month Day Year JULY 14, 1959
5. SEX D 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 AUG 10, 1876
9. AGE (last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POST OFFICE CLERK		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ST. CHARLES MO.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME VALENTINE MORRIS	
13b. MOTHER'S MAIDEN NAME HANNA Wilhelm		14. NAME OF HUSBAND OR WIFE DOROTHEA H. MORRIS	
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. 500-20-4374	17. INFORMANT Kansas City, Missouri Mrs. Dorothea H. Morris 1324 East 62 Terra
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH June 4, 59
DUE TO (b) _____			
DUE TO (c) Coronary sclerosis			1955
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH by not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
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 June 4, 1959 to July 14-59 and last saw him alive on July 13, 1959 Death occurred at 2:30 P.M. on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) Lyle G. Willits M.D.		22b. ADDRESS 1103 Grand Ave	22c. DATE SIGNED 7/15/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/17 1959	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
24. FUNERAL DIRECTOR DW Newcomer, M.O.		ADDRESS R.C.	25. DATE RECD. BY LOCAL REG. 7-16-59
26. REGISTRAR'S SIGNATURE New Marshall			

DOCUMENT

MEDICAL CERTIFICATION

Lyle G. Willits

BY AFFIDAVIT OF

Dr. Lyle D. Williams
Prof. Blegg
11-2-1919
after 1:30 Pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *C. D. Selman*

Licensed Embalmer No. 4421

P. O. Address Kansas City

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.