

**FILED VS JUL 27 1959**

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

**59-025312**

STATE FILE NUMBER  
**3244**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3244

S. 300  
V. 1-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>5202, N. CAMBRIDGE</b>	

3. NAME OF DECEASED (Type or print) First <b>ALICE</b> Middle <b>MORRISON</b> Last <b>MORRISON</b>			4. DATE OF DEATH Month <b>JUNE</b> , Day <b>28</b> , Year <b>1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April, 14, 1890</b>	9. AGE (In years last birthday) <b>69</b>	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>CRAWFORD, CO., ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JOHN UNK,</b>	13b. MOTHER'S MAIDEN NAME <b>UNK,</b>	14. NAME OF HUSBAND OR WIFE <b>R.F. MORRISON, Deceased</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>ROSS J. DAVIS, 5202, N. Cambridge, K.C. 16 MO.</b>
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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) <b>Lobar Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Intestinal Obstruction &amp; distention</b>	<b>3 days</b>
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Rheumatoid arthritis</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 _____ a.m. _____ p.m.	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 _____
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21. I attended the deceased from <b>May 15, 1959</b> to <b>June 28, 1959</b> and last saw her/him alive on <b>June 28, 1959</b> . Death occurred at <b>7:50</b> P. M. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <b>Frederick J. Hill D.O.</b>	22b. ADDRESS <b>1509 N. Kansas St., Liberty, MO</b>	22c. DATE SIGNED <b>29 June 59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>6/29/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>BRENTWOOD CEMETERY</b>	23d. LOCATION (City, town, or county) <b>BRENTWOOD, ARKANSAS</b>
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24. FUNERAL DIRECTOR ADDRESS <b>D.W. NEWCOMERS, NORTH KANSAS CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>7-2-59</b>	26. REGISTRAR'S SIGNATURE <b>W. W. Marshall</b>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Wilbur T. Hill

Dr. William H. Hill  
St 1,0200

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 W. Heisick Jr.* .....  
Licensed Embalmer No. *4848* .....  
P. O. Address *Richmond, Va.* .....

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.