

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032492

FILED VS SEP 25 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4437

STATE FILE NUMBER

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 6 Days		c. CITY OR TOWN Blue Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Resound			Inside Limit Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 401 So. 10th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EDITH LULA MORRIS				4. DATE OF DEATH Month Sept Day 11 Year 1959			
5. SEX Female	6. COLOR OR RACE wh.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3/7/1901	9. AGE (last birthday) 58		IF UNDER 1 YEAR Months 5 Days 8 Hours 15 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Venita Okla		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME McAuliffe			13b. MOTHER'S MAIDEN NAME Ketchum		14. NAME OF HUSBAND OR WIFE Decease		
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown)			16. SOCIAL SECURITY NO.	17. INFORMANT Melton Morris			Address Blue Springs 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) Bronchial pneumonia							INTERVAL BETWEEN ONSET AND DEATH 4 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ?							
DUE TO (c) Cerebral vascular accident							6 Days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis Heart Disease					PART III. If deceased was female, was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 7 July 1959 to 11 Sept 59 and last saw her ^{her} _{him} alive on 11 Sept 59 Death occurred at 4 P m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Jack M. Davis MD (Degree or title)				22b. ADDRESS Raytown Mo		22c. DATE SIGNED 12 Sept 59	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or County)		(State)	
Burial Sept 14-1959		Green Lawn		Kansas City Mo			
24. FUNERAL DIRECTOR Mayfield		ADDRESS Blue Springs		25. DATE RECD. BY LOCAL REG. 9-12-59	26. REGISTRAR'S SIGNATURE Neva Minshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Jack M. Davis

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 Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.