RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032691

FILED VS SEP 29 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 415

STATE FILE NUMBER

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence — Length of stay in 1b: 4 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 9912 E 36th Ter — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Jackson
c. CITY OR TOWN: Independence — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9912 E 36th Ter — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Clara — Middle: Adkins — Last: Morris

4. DATE OF DEATH: Month: Sept — Day: 24 — Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 12-3-1874

9. AGE (last birthday): 84

If UNDER 1 YEAR: Months: ___ Days: ___ If UNDER 24 HR: Hours: ___ Min.: ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (City and state or country): Hickory County Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Andrew Adkins

13b. MOTHER'S MAIDEN NAME: Elizabeth Roberts

14. NAME OF HUSBAND OR WIFE: Bruce B. Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Ira C. Morris — Address: Independence 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): Cardiac Failure (coronary occlusion) — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Hypertension — several years

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but 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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Dec 7, 1957, to Sept 24, 1959 and last saw her/him alive on Sept 24, 1959

Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herbert D. Ramsay D.O.

22b. ADDRESS: 2105 Independence Ave

22c. DATE SIGNED: 9-25-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9-25-59

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Sedalia Missouri

24. FUNERAL DIRECTOR: McLaughlin Bros. Sedalia, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.: 9-25-59

26. REGISTRAR'S SIGNATURE: Frances L. Grigg

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 8 1959

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_____ Signed John R. Sid

Signature of Student Embalmer

Licensed Embalmer No. 45

P. O. Address Kansas

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