

**DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 15 1959

59-040577

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 565

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>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City 22</b>		Length of stay in 1b <b>42 yrs.</b>	c. CITY OR TOWN <b>Kansas City 22</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>713 Fairview</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>713 Fairview</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>DENTON</b> Middle <b>RUSSELL</b> Last <b>MORRISON</b>			4. DATE OF DEATH Month <b>December</b> Day <b>10</b> Year <b>1959</b>			
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-24-1899</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Butler Mfg. Co.</b>	11. BIRTHPLACE (City and state or country) <b>Moberly, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Alex Morrison</b>	13b. MOTHER'S MAIDEN NAME <b>Zadie Pitts</b>	14. NAME OF HUSBAND OR WIFE <b>Thelma Marie Morrison</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>487-01-9897</b>	17. INFORMANT <b>Thelma Morrison, 713 Fairview, K.C., 22, 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>Medullary Paralysis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Glioblastoma Multiforme of Right temporal lobe</b>	
	DUE TO (c) <b>Cachexia</b>	

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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>Feb. 1959</b> to <b>Dec 9, 1959</b> and last saw him alive on <b>Dec 9, 1959</b> Death occurred at <b>11:10 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Lewis E. Soper, D.O.</b>	(Degree or title)	22b. ADDRESS <b>1106 Winner Road Independence Mo</b>	22c. DATE SIGNED <b>12-11-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12-12-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Springs Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Blue Springs, Missouri</b>
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24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons, Independence, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-10-59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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

*Wm J. Cantrell*

Licensed Embalmer No. 2082

P. O. Address Indy, 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.