

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

'59 0 4 4 2 7 0

FILED VS DEC 21 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5934 STATE FILE NUMBER

UNRECORDED

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) <b>Kansas City</b>		Length of stay in lb <b>14 Yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5311 Myrtle</b>	
3. NAME OF DECEASED (Type or print) First <b>ISAMU</b> Middle <b>S.</b> Last <b>MORIMOTO</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>7,</b> Year <b>1959</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Yellow</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>3-11-1923</b>	
				9. AGE (last birthday) <b>36</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dentist</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Seattle, Washington</b>	
						12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>George S. Morimoto</b>				13b. MOTHER'S MAIDEN NAME <b>Teru Matsumoto</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. II</b>				16. SOCIAL SECURITY NO. <b>536-16-1742</b>		17. INFORMANT Address <b>Mrs. Al T. Ona Kansas City, Mo.</b>	
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>Carcinomatosis and Cachexia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 month +</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Primary Gastric Carcinoma</b>						<b>8 months</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)						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 checked="" 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 <b>12-7-46</b> to <b>12-7-59</b> and last saw <sup>her</sup> him alive on <b>12-7-59</b> Death occurred at <b>10:20 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Harold M. Roberts, M.D.</b>				22b. ADDRESS <b>1103 Grand-K.C. 6 Mo</b>		22c. DATE SIGNED <b>12-8-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>12-10-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Crematory</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Freeman Mortuary Kansas City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>12-9-59</b>		26. REGISTRAR'S SIGNATURE <b>Wesley Marshall</b>	

DOCUMENT

BY AFFIDAVIT OF **Harold M. Roberts** - MEDICAL CERTIFICATION

St. Joseph's, N. C.

1530 Prof. Bldg.

2-5

### 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 Clayton K. Barnes

Licensed Embalmer No. 4793

P. O. Address R. C., 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). 3

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.