RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-011136

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1730

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 70 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5632 E. 11th St.
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location) 5632 E. 11th St.
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Mollie Middle: Last: Morris
4. DATE OF DEATH Month: March Day: 23, Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jan. 20, 1875
9. AGE (last birthday): 85
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): At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Barton County Mo.
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: John Jacob Kaderly
13b. MOTHER'S MAIDEN NAME: Anna Marie Ritteman
14. NAME OF HUSBAND OR WIFE: T. G. 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: T. G. Morris, Address: Kansas City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hepatic coma — INTERVAL BETWEEN ONSET AND DEATH: days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Biliary tract obstruction, probably choledocholithiasis — 2+ months
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 X
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 October 16, 1959, to March 23, 1960 and last saw her alive on March 18, 1960
Death occurred at 1:27 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS: 4800 E. 24th Street
22c. DATE SIGNED: 3-24-60

BY AFFIDAVIT OF S. Long

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/25/60
23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri
24. FUNERAL DIRECTOR: Stine & McClure, Kansas City, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 3-24-60
26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 Thomas A. Hackle

Signature of Student Embalmer

Licensed Embalmer No. 4995

P. O. Address K.C., Mo

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.