

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014582

FILED VS. MAY 2 1960

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 78

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Claycom		Length of stay in 1b 20 yrs.	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ford Assembly Plant		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2044 South 15th Street		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ross Middle D. Last Morris			4. DATE OF DEATH Month April Day 21 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct. 22 1908	9. AGE (last birthday) 51	
				IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
						Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ford Motor Company		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY U S A
13a. FATHER'S NAME John Morris			13b. MOTHER'S MAIDEN NAME Mary Merriott		14. NAME OF HUSBAND OR WIFE Leota F. Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) War # 2		16. SOCIAL SECURITY NO. 496-03-784		17. INFORMANT Kansas City Kansas Leota F. Morris 2044 South 15th St.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Decompensation					1 yr	
DUE TO (c) Atherosclerosis					unknown	
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 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.)				
20c. TIME OF INJURY Hour 7:00 A Month, Day, Year 5-12-59						
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 5-12-59 to 4-21-60 and last saw ^{her} him alive on 4-14-60 . Death occurred at 7:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Harold W. Bean D.O.			22b. ADDRESS 4150 Ramblewood Kansas City Kansas		22c. DATE SIGNED 4-22-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE APRIL 23, 1960	23c. NAME OF CEMETERY OR CREMATORY COWGILL MO. CEM	23d. LOCATION (City, town, or county) COWGILL MISSOURI		(State)	
24. FUNERAL DIRECTOR ADDRESS D. W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri		25. DATE RECD. BY LOCAL REG. 4-23-60	26. REGISTRAR'S SIGNATURE Marquette Hudgens			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 8 1960

2:50 P.M. @ Office

NKIC

STATEMENT BY LICENSED EMBALMER MAY 4 1960

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

Albert H. Javary

Licensed Embalmer No. *4812*

P. O. Address *Kansa*

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.