

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048624

FILED VS JAN 17 1961

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5291

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Clay									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Length of stay in 1b 2 years		c. CITY OR TOWN Liberty		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IOOF Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 403 East Kansas		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Lulu Middle E. Last Morrow				4. DATE OF DEATH Month December Day 24 Year 1960									
5. SEX female		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-12-77		9. AGE (last birthday) 83		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) retired secretary				10b. KIND OF BUSINESS OR INDUSTRY Clay County		11. BIRTHPLACE (City and state or country) Wellington, Kansas		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME James H. Holiday				13b. MOTHER'S MAIDEN NAME Susan J. Sparr				14. NAME OF HUSBAND OR WIFE Allen Morrow					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. 490-34-0220		17. INFORMANT Address Allen Morrow Milwaukee, Wisconsin							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anteriorleukemia										INTERVAL BETWEEN ONSET AND DEATH 2400 -			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 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 Nov 1960 to _____ and last saw her/him alive on Dec 24 1960 Death occurred at 9 P on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Wm J. Goodson MD						22b. ADDRESS Liberty Mo			22c. DATE SIGNED 12-26-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 12-27-60		23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery			23d. LOCATION (City, town, or county) (State) Liberty, Missouri						
24. FUNERAL DIRECTOR Tyler-Pasley ADDRESS Liberty, Missouri				25. DATE RECD. BY LOCAL REG. 1-3-61		26. REGISTRAR'S SIGNATURE Mabel Graham							

(Licensed Embalmer's Statement on Reverse Side)

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 Charles F. Tyb
Licensed Embalmer No. 450

P. O. Address Liberty

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.