

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019672

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 32

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 11 1962

VS 300  
Rev. 4/59

1 0710

2 8150-2

3

4 0

5 1

6

7 0

8 2

9 420-1

10

11

12 1291-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Osage Township</u>		Length of stay in 1b <u>3 days</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>2400 South 26th</u>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Bryan</u> Last <u>Morrison</u>			4. DATE OF DEATH Month <u>June</u> Day <u>5th</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>21 Sep 1886</u>	9. AGE (last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>H.C. Power &amp; Light</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Mo.</u>	
10c. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Chas. A. Morrison</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Temple</u>	
14. NAME OF HUSBAND OR WIFE <u>Lula Grace Durant</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>  </u>	
17. INFORMANT <u>James H. Morrison-2601 Steel Rd</u>		Address <u>H.C. Power</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> DUE TO (b) <u>  </u> DUE TO (c) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		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 <u>June 5, 1962</u> to <u>  </u> and last saw her/him alive on <u>  </u> Death occurred at <u>3:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Ray Tate, M.D.</u> (Degree or title)		22b. ADDRESS <u>Versailles, Mo.</u>		22c. DATE SIGNED <u>6-6-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>6 June 62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dimmons Funeral Home</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Kansas</u>		23e. (State) <u>  </u>		23f. (State) <u>  </u>	
24. FUNERAL DIRECTOR <u>Midwell Funeral Home-Versailles, Mo.</u>		ADDRESS <u>  </u>		25. DATE RECD. BY LOCAL REG. <u>6-6-62</u>	
26. REGISTRAR'S SIGNATURE <u>J.L. Heil</u>					

USE BLACK INK OR TYPEWRITER RIBBON

JUN 13 1962

JUL 6 1962

**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 *Gene L. Parton*  
Licensed Embalmer No. 4021

P. O. Address Wesley, 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.