

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3551-62-027266
STATE FILE NUMBER

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

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 25 1962	
1. PLACE OF DEATH	
a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Kansas b. COUNTY Sedgwick
Length of stay in 1b 4 mo.	c. CITY OR TOWN Wichita
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 1634 So. Estelle	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First John	Middle Roger
Last Morley	4. DATE OF DEATH Month 7 - Day 4 - Year 1962
5. SEX Male	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-20-1915
9. AGE (last birthday) 47	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Loan Examiner	10b. KIND OF BUSINESS OR INDUSTRY Small Bs. Admin.
11. BIRTHPLACE (City and state or country) Severance Kansas	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Roger W. Morley	13b. MOTHER'S MAIDEN NAME Elizabeth Corcoran
14. NAME OF HUSBAND OR WIFE Doris	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII
16. SOCIAL SECURITY NO. _____	17. INFORMANT Address Mrs. Judith Ann Rumfelt Home
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	Pulmonary Edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Carcinoma, Bronchogenic
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 March 62 to 4 July '62 and last saw him alive on 4 July '62 . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Wallace H. Graham M.D.	22b. ADDRESS 518 Argyle Bldg. K.C., Mo.
22c. DATE SIGNED 5 July '62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-6-1962
23c. NAME OF CEMETERY OR CREMATORY St. Benedict's	
23d. LOCATION (City, town, or county) Denton, Kansas	
24. FUNERAL DIRECTOR Melloyd-McGilley-Eylar	25. DATE RECD. BY LOCAL REG. 7-6-62
26. REGISTRAR'S SIGNATURE Ruth N Long	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF W. H. Graham

USE BLACK INK OR TYPEWRITER RIBBON

VS 300
Rev. 4/59

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9 **1621**

10

11

12 **640**

13

Dr Wallace H. Graham
Aigyle Bldg.

HA 1-0111

(Please call after Dr. signs.)

PI 3-6200

Called will pickup.

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

James E. Hackleman

Licensed Embalmer No. 4543

P. O. Address H. G. Smith

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.