MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-031197

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4145 STATE FILE NUMBER

FILED AUG 28 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 4days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Westwood — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2121 W. 49th St. Terr — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Zephy Middle Last Morr
4. DATE OF DEATH Month 8 Day 9 Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 12-18-68
9. AGE (last birthday) 93 — 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) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Belleville, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John M. Kinmouth
13b. MOTHER'S MAIDEN NAME Hannah Mitchell
14. NAME OF HUSBAND OR WIFE David A. Morr
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Charles I. Campbell — Address Home

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute passive Congestion — 3-4 days
DUE TO (c) Atherosclerotic Heart Disease. — 4-5 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Ca. Left Breast
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 June 1, 1959, to present and last saw her alive on 8-9-'62
Death occurred at 12 noon on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James J. Lally M.D.
22b. ADDRESS 200 RIALTO BLDG. K.C., Mo.
22c. DATE SIGNED 8/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-11-1962
23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery
23d. LOCATION (City, town, or county) Kansas City, (State) Missouri

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar — ADDRESS Main
25. DATE RECD. BY LOCAL REG. 8-10-62
26. REGISTRAR'S SIGNATURE Ruth Long

MEDICAL CERTIFICATION: James R. Lally

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lally
Rialto Bldg
2 PM Fri

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 _____ Signed Wm H. Dentz
Signature of Student Embalmer

Licensed Embalmer No. 5038

P. O. Address K.C. 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.