

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038866

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5437

FILED NOV 9 1962

VS 300
Rev. 4/59

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232182

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DATE AMENDED
11/20/62
11/20/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

congestive failure following right pneumectomy

post pneumectomy right bronchectasis

BY AFFIDAVIT OF attending physician

DOCUMENT

Richard L. Russakal CERTIFICATION

ITEM NO. SHOULD READ

18b

18c

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		d. STREET ADDRESS (If outside, give location) 1742 Newton	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LESTER B. MORRIS			4. DATE OF DEATH Month Day Year 10 - 26 - 1962
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 1-1-1888
9a. AGE (last birthday) 74		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Seidlitz Paint Co. Circleville, Ohio	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Isaac G. Morris		13b. MOTHER'S MAIDEN NAME Mary E. Lutz	
14. NAME OF HUSBAND OR WIFE Betty H. Morris		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Betty Morris, 1742 Newton	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema. Post pneumectomy right Congestive failure Bronchectasis following right pneumectomy Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 a.m. p.m.	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 Oct 21 -62 to Oct 26 -62 and last saw <input checked="" type="checkbox"/> alive on Oct 26-62 Death occurred at 2:45 am. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Richard L. Russell M.D.</i> (Degree or title)		22b. ADDRESS 609 Prof Bldg KC 6 Mo.	
22c. DATE SIGNED Oct 26 1962		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 10-29-1962		23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Shell Funeral Home, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 10-26-62	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

USE BLACK INK OR TYPEWRITER RIBBON

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 Thomas A. Shel

Licensed Embalmer No. 4954

P. O. Address 50 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.

EMBALMER'S SIGNATURE

STATE OF MISSOURI