MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0026870 STATE FILE NUMBER

Registration District No. 131 Primary Registration District No. 3023 Registrar's No. 182

FILED JUL 24 1967

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Item	Code
1	0425
2	0425
3	2
4	1
5	2
6	
7	1
8	2
9	4222
10	
11	
12	1-2
13	1-0

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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY: HENRY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): CLINTON — Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): WESLEY HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: HENRY
c. CITY OR TOWN: CLINTON — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1305 EAST FRANKLIN — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DONA Middle Last MOREY
4. DATE OF DEATH: Month JULY Day 22 Year 1967

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/10/1874
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): BOOKKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: JOHN TAYLOR'S
11. BIRTHPLACE (City and state or country): HARDIN, ILLINOIS
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: JOHN WILLIAM GRAFFORD
13b. MOTHER'S MAIDEN NAME: SARAH GALLOWAY
14. NAME OF HUSBAND OR WIFE: RAY MOREY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 496-09-3490
17. INFORMANT / Address: MRS. JEFF LAFTON, URICH, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
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.
DUE TO (b): Myocardial Insufficiency
DUE TO (c): Generalized Inanition and Debilitation

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. ☐ 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 1962, to 1967 and last saw her alive on July 22, 1967
Death occurred at 9:30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clinton L. Glospy, D.O.
22b. ADDRESS: Clinton Mo.
22c. DATE SIGNED: 7/22/67

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: JULY 22, 1967
23c. NAME OF CEMETERY OR CREMATORY: FLORAL HILLS CEMETERY
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: July 22-67
26. REGISTRAR'S SIGNATURE: Mildred Biguer

(Licensed Embalmer's Statement on Reverse Side)

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 John C. Pence

Licensed Embalmer No. 5 2810

P. O. Address Belton, 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.