

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED JUN 19 1951

State File No. 20489
Registrar's No. 288

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5368</u>		State File No. <u>20489</u>		Registrar's No. <u>288</u>			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY <u>Jackson</u>					a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR 4</u>			c. LENGTH OF STAY (In this place) <u>Blue</u> <u>55 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> <u>Rural 4</u> <u>Blue</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 39th & Phelps Rd.</u>					d. STREET ADDRESS (If rural, give location) <u>39th & Phelps Rd. RR. 4</u> <u>0480</u>						
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Annie</u>		b. (Middle) _____		c. (Last) <u>Morre</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1951</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Sept. 5, 1876</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Morsion, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Theodore Schowengerdt</u>				13b. MOTHER'S MAIDEN NAME <u>Margaretha Carl</u>			14. NAME OF HUSBAND OR WIFE <u>August Morre</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Malinda Whitehead</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>		
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cardiac decompensation</u>						<u>5 yrs.</u>		
			ANTECEDENT CAUSES								
			DUE TO (b) <u>cardiovascular disease</u>								
			DUE TO (c) _____								
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 9, 1951</u>, to <u>May 25, 1951</u>, that I last saw the deceased alive on <u>May 23, 1951</u>, and that death occurred at <u>5: PM</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>J. N. Hice, M.D.</u> (Degree or title)						23b. ADDRESS <u>Independence, Mo.</u>			23c. DATE SIGNED <u>5-26-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>			24b. DATE <u>May 28, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>			24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-28-51</u>			REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Bob. Gerson</u>			ADDRESS <u>Independence, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

480
1

JUN 18 RECD

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
Student Embalmer

Signed.....

John M. Heiman
4704

Licensed Embalmer No.

P. O. Address.....

Independence

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 this body is not embalmed, fact should be so stated above.