

FILED MAY 26 1952

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15693**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5125 Registrar's No. 534

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph (Rural)</u> <u>1110</u>	
c. LENGTH OF STAY (In this place) <u>48 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route 6, DeKalb Road</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 6, DeKalb Road</u>			

3. NAME OF DECEASED (Type or Print) <u>FRANK</u>	a. (First)	b. (Middle) <u>KELSEY</u>	c. (Last) <u>MORRIS</u>	4. DATE OF DEATH <u>May 18, 1952</u>
--	------------	------------------------------	----------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 13, 1883</u>	9. AGE (In years last birthday) <u>68</u>	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
-----------------------	----------------------------------	--	--	--	------------	----------	-----------	----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Field Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Helsey Nursery</u>	11. BIRTHPLACE (State or foreign country) <u>Louisiana, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	--	--	---

13a. FATHER'S NAME <u>Charles Morris</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Amelia Kelsey</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle Morris</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-10-7436</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Morris</u>	ADDRESS <u>Rt. 6, St. Joseph Mo</u>
---	---	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs -</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion - posterior infarct</u> DUE TO (c) <u>Coronary disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>		2 mo.	

19a. DATE OF OPERATION <u>                    </u>	19b. MAJOR FINDINGS OF OPERATION <u>                    </u>	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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Apr 19, 1949, to May 18, 1952, that I last saw the deceased alive on May 18, 1952, and that death occurred at 5:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>St. Grant M.D.</u>	(Degree or title)	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>5-19-52</u>
---	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 20, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
--	----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>MAY 21, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Castet</u>	446	25. GENERAL DIRECTOR'S SIGNATURE <u>Earl Clark</u>	ADDRESS <u>120 Illinois av</u>
---	--	-----	---	-----------------------------------

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

APR 26 1938

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Em A Clark*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4238

P. O. Address St Joseph 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 this body is not embalmed, fact should be so stated above.