

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

24589

State File No. ....

FILED AUG 4 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3140

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>43 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>118 SOUTH TOPPING 3068</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>118 South Topping</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>MORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 8, 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>FEB. 14-1897</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR: Months <u>-</u> Days <u>-</u>	
IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAR MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF-OWNED CAR GARAGE</u>	

11. BIRTHPLACE (State or foreign country) <u>JOPLIN, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHARLES W. MORRIS</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTA THOMPSON</u>	
14. NAME OF HUSBAND OR WIFE <u>NANCY ANN MORRIS</u>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-05-9134</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. NANCY MORRIS 118 SOUTH TOPPING</u>	
---	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Coronary thrombosis with possible myocardial infarction.</u>		<u>minutes</u>	
DUE TO (c) <u>Arteriosclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>indefinite</u>	
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)	
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 3-17-48 to 7-8-52, 1952, that I last saw the deceased alive on 7-8-52, 1952, and that death occurred at 2:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>W.A. Hockett, D.O.</u>		23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>7-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July-11-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geraldine Holmes C.H. Blackburn &amp; Son Inc. K.C. Mo.</u>			

DATE REC'D BY LOCAL REG. <u>7-10-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.H. Blackburn &amp; Son Inc. K.C. Mo.</u>	
---	--	---	--	--	--

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

---

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.....

*Bert B. Bennett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4656*

P. O. Address *Kansas City, 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.