

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28193

State File No.

FILED SEP 13 1952

3763

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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. LENGTH OF STAY (in this place) <u>30 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		19 ⁰
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			d. STREET ADDRESS (If rural, give location) <u>3836 E 9th</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W</u> c. (Last) <u>Morrison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 23 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>2-3-77</u>	9. AGE (In years last birthday) <u>75</u>	# UNDER 1 YEAR Months _____ Days _____
# UNDER 1 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Nathaniel Morrison</u>		
13b. MOTHER'S MAIDEN NAME <u>Angeletta Owens</u>		14. NAME OF HUSBAND OR WIFE <u>Lou D. Morrison</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lou Morrison 3 836 E. 9th,</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Periferial Degeneration of heart, liver & Kidneys</u>				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>	DUE TO (b) <u>Chronic procongestion of liver</u>				
	DUE TO (c) <u>retropubic a bcess. residual transurethral prosthety</u>				
II. OTHER SIGNIFICANT CONDITIONS. <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					<u>6/10</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>7-31</u> , <u>1952</u> , to <u>8-23</u> , <u>1952</u> , that I last saw the deceased alive on <u>8-23</u> , <u>1952</u> , and that death occurred at <u>2:25a</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title)			23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>8-23-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/25/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Spgs. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Spgs. Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-24-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp & Sons K. C. Missouri</u>		

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

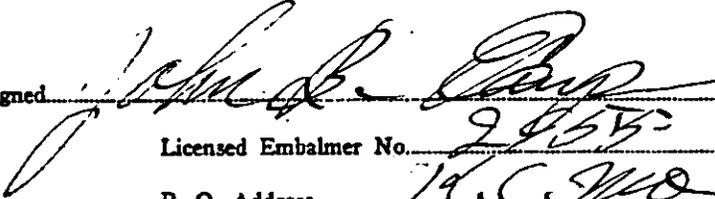
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 2955

P. O. Address W.C. No

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.