

**STANDARD CERTIFICATE OF DEATH**

18177

FILED JUN 9 1953

State File No. **2695**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> c. LENGTH OF STAY (in this place) <b>35 yrs.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Westport Rest Home</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> d. STREET ADDRESS (If rural, give location) <b>5336 Euclid Ave.</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) <b>WILLIAM MORROW</b> a. (First) <b>WILLIAM</b> b. (Middle) <b>W. H.</b> c. (Last) <b>MORROW</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>5 25 1953</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>2/6/1870</b>		
<b>9. AGE</b> (In years last birthday) <b>83</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 10 HRS: Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Tomkinsville, Ky. /</b>			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Brick Mason</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____			
<b>13a. FATHER'S NAME</b> <b>Alex F. Morrow</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Martha Payne</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>			
<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Gene Klappmeyer, 5336 Euclid Ave.</b>					
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senile dementia</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>about 3da</b>  <b>331X</b>  <b>Do not know</b>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>7 May</u>, 19<u>53</u>, to <u>25 May</u>, 19<u>53</u>; that I last saw the deceased alive on <u>May 7</u>, 19<u>53</u>, and that death occurred at <u>10:10P</u> m., from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <i>James W. Graham</i> (Degree or title) <b>M. D.</b>		<b>23b. ADDRESS</b> <b>518 Argyle, Bldg.</b>			
<b>23c. DATE SIGNED</b> <b>26 May 1953</b>		<b>24. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>			
<b>24b. DATE</b> <b>5/28/53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> _____			
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Milan, Missouri</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</b>			
<b>DATE REC'D BY LOCAL REG.</b> <b>5-26-53</b>		<b>REGISTRAR'S SIGNATURE</b> <i>Geraldine Smith</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Wallace Graham - Argyre Bldg.  
1-4 pm.

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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