

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12362

State File No.

BIRTH NO. FILED MAY 3 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Jackson (Rural & Blue)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ammoret	
c. LENGTH OF STAY (in this place) 2 Years		d. STREET ADDRESS (If rural, give location) Rt. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4130 Raytown Road			

3. NAME OF DECEASED (Type or Print) a. (First) Parthena b. (Middle) Elizabeth c. (Last) MOREHOUSE			4. DATE OF DEATH (Month) (Day) (Year) April 18, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 8, 1862		9. AGE (In years last birthday) 92		10. UNDER 1 YEAR Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Shelbyville, Illinois	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Warren		13b. MOTHER'S MAIDEN NAME Mary Moore		14. NAME OF HUSBAND OR WIFE John J. Morehouse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Harvey F. Gregory- 6509 E. 35th St. R.C. #3, Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 20 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			10 years
		DUE TO (b) Hypertension			25 years
		DUE TO (c) Senility			
		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 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) (Min.)		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 Feb 14, 1954, to April 18, 1954, that I last saw the deceased alive on April 18, 1954, and that death occurred at 4:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE Carl T. Moore (Degree or title) Mo. 2		23b. ADDRESS 6420 E. 37th, K.C. 29, Mo		23c. DATE SIGNED 4-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-18-54		24c. NAME OF CEMETERY OR CREMATORY Morris Cemetery	
				24d. LOCATION (City, town, or county) (State) Butler, Missouri	

DATE REC'D BY LOCAL REG. 4-18-54		REGISTRAR'S SIGNATURE [Signature] 354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mo. Diamond Repley - Independence,	
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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 *Guy J. Shelton*

Licensed Embalmer No. 4700

P. O. Address Independence, Missouri

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.