S. No. 300
v. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34053

NOV 10 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4939

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ralph Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Gove
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Quinter
d. STREET ADDRESS (If rural, give location): 815 4

3. NAME OF DECEASED (Type or Print)
a. (First): Benjamin
b. (Middle): Smith
c. (Last): Morris

4. DATE OF DEATH (Month) (Day) (Year): Oct. 24, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 1, 1900
9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months ~~1~~ Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10b. KIND OF BUSINESS OR INDUSTRY: Physician
11. BIRTHPLACE (State or foreign country): Hill City, Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Alvin Grant Morris
13b. MOTHER'S MAIDEN NAME: Hesba Eleanor Smith
14. NAME OF HUSBAND OR WIFE: Lucille L. Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ralph E. Duncan, M. D., K. C., 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRCULATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Massive Esophageal Hemorrhage — " "
DUE TO (c) Cirrhosis of LIVER — Years
II. OTHER SIGNIFICANT CONDITIONS: Septicemia Staphlococci — 5810
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 ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 3, 1954, *to* Oct. 24, 1954, *that I last saw the deceased alive on* Oct. 24, 1954, *and that death occurred at* 10:45 pm, *from the causes and on the date stated above.*

23a. SIGNATURE: Robert Emerson Duncan (Degree or title) M.D.
23b. ADDRESS: 529 Highland Ave. Kansas City, Mo.
23c. DATE SIGNED: 10/24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10-25-54
24c. NAME OF CEMETERY OR CREMATORY: Quinter
24d. LOCATION (City, town, or county) (State): Quinter, Kansas

DATE REC'D BY LOCAL REG.: 10-25-54
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Freeman Mortuary Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1955

DEC 15 1955

JAN 11 1955

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, 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.