

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26606

State File No. ....

FILED SEP 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>INDEPENDENCE</b>	c. LENGTH OF STAY (in this place) <b>39</b>	c. CITY OR TOWN <b>INDEPENDENCE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>INDEPENDENCE SAN &amp; HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>1320 S. PEARL</b>	<b>10060</b>

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ETTA</b>	b. (Middle) <b>BELLE</b>	c. (Last) <b>MORFORD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 28 1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOV 23 1872</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR: MONTHS _____ DAYS _____	IF UNDER 2 HRS: HOURS _____ MIN. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>NEWMAN GROVE NEBRASKA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>CHAS. W. LYON</b>	13b. MOTHER'S MAIDEN NAME <b>SERENA VILES</b>	14. NAME OF HUSBAND (If deceased) <b>FRANCIS A. MORFORD</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>KENNETH A. MORFORD 1320 S. PEARL INDEP. MO.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute Ponticitis + urinary suppression</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Ruptured by dis replacement of rt kidney</b> DUE TO (c) <b>Fracture 12th dorsal vertebra</b>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 12, 1955, to Aug 28, 1955, that I last saw the deceased alive on Aug 28, 1955, and that death occurred at \_\_\_\_\_ p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. Watson J. M.D.</b>	23b. ADDRESS <b>Independence, Mo.</b>	23c. DATE SIGNED <b>8-30-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG 31 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MOUND GROVE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>INDEPENDENCE JACKSON MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>8-31-55</b>	REGISTRAR'S SIGNATURE <b>James H. [Signature]</b>	354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Independence Mo.</b>
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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.....  
Signature of Student Embalmer

Signed *John P. Dilmore*.....

Licensed Embalmer No. *45*.....

P. O. Address *Kansas*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.