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

FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20644

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2338

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): 22 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 4230 BENTON BLVD. 3418

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): F.
c. (Last): MORPHEW

4. DATE OF DEATH (Month) (Day) (Year): 5/26/56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 3/23/80
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HRS.: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sgt. AT ARMS & ORD. REVISION CLERK, CITY COUNCIL
10b. KIND OF BUSINESS OR INDUSTRY: CITY COUNCIL
11. BIRTHPLACE (City and State or Foreign Country): NORA SPRINGS, IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: JAMES RILEY MORPHEW
13b. MOTHER'S MAIDEN NAME: SARAH
14. NAME OF HUSBAND OR WIFE: MINNIE MORPHEW
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-03-5331
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: MRS. MINNIE MORPHEW, 4230 BENTON, 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) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart dis. — 10 years.

DUE TO (c) congestive heart failure — 5 years.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — many years.

19a. DATE OF OPERATION: 5/21/56
19b. MAJOR FINDINGS OF OPERATION: orchidectomy for prostatic carcinoma
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): 4200H
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* Feb. 28, 1956, *to* May 26, 1956, *that I last saw the deceased alive on* May 26, 1956 *and that death occurred at* 4 05 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Nelson E. Powell (Degree or title): Nelson E. Powell, M.D.
23b. ADDRESS: 1630 Professional Bldg, K.C. Mo.
23c. DATE SIGNED: May 27, 1956
24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 29. 1956
24c. NAME OF CEMETERY OR CREMATORY: ODD FELLOWS CEMETERY
24d. LOCATION (City, town, or county) (State): CRAIG MISSOURI
DATE REC'D BY LOCAL REG.: 5-28-56
REGISTRAR'S SIGNATURE: neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: D. A. Newcomer & Sons, Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Chester K Brown

Licensed Embalmer No..49

P. O. Address..K C

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.