No. 300
10.48

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41862

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 579

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Brooking
c. LENGTH OF STAY (in this place) 31 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 12112 E 52nd Terr

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN K.C. 33
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 12112 E 52nd Terrace 1000

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Louisa c. (Last) Morgan

4. DATE OF DEATH (Month) (Day) (Year) Dec 23 1956

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 6, 1900
9. AGE (In years last birthday) 56 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) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Dept. Store
11. BIRTHPLACE (City and State or Foreign Country) Vidette, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm B. Kessinger
13b. MOTHER'S MAIDEN NAME Parlee Arnold
14. NAME OF HUSBAND OR WIFE David C. Morgan

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. 492-38-7055
17. INFORMANT'S SIGNATURE OR NAME Mrs Lillian Creed ADDRESS 12112 E 52 Terr

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) Uremia Sec Obstructive Uropathy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Cancer of Cervix.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 171X
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* March, 1956, *to* December 22, 1956, *that I last saw the deceased alive on* December 22, 1956, *and that death occurred at* 2 00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert H. Friebe MD.
23b. ADDRESS Raytown, Mo.
23c. DATE SIGNED 12/24/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec 26, 56
24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem
24d. LOCATION (City, town, or county) (State) West Plains, Mo

DATE REC'D BY LOCAL REG. 12-26-56
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR'S SIGNATURE Kirby-Raytown - ADDRESS Raytown, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Wilson L. Kepley.....

Licensed Embalmer No..4225

P. O. Address...Rudy. 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.