

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4888

STATE FILE NUMBER

FILED MAR 6 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 786

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, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Blue Springs</b> <sup>4000</sup> <sub>0</sub>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3522 Gladstone Blvd</b>			Length of <b>MONTH</b> <del>30 Yrs.</del>	d. STREET ADDRESS (If outside, give location) <b>Lake Lotawanna</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ace</b> Middle <b>Albert</b> Last <b>Morris</b>				4. DATE OF DEATH Month <b>Feb</b> Day <b>18</b> Year <b>1957</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 29 1894</b>		9. AGE (In years last birthday) <b>62</b>	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) <b>Shoe Repair Man</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Repair</b>		11. BIRTHPLACE (City and state or country) <b>Unionville Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S</b>	
13. FATHER'S NAME <b>John Morris</b>				14. MOTHER'S MAIDEN NAME <b>Mary E. Westlake</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>497 36 2511</b>		17. INFORMANT <b>Mrs. Gladys Morris Lake Lotawanna</b>			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac DeCompensation</b> Conditions, if any, which gave rise to above cause (a) } DUE TO (b) <b>Bronchogenic Carcinoma</b> stating the underlying cause last. } DUE TO (c) <b>Metastasis (Carcinoma from prostate)</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>197X</b>							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <b>Jan. 1957</b> to <b>Feb. 18, 1957</b> and last saw <sup>him</sup> alive on <b>2/18/57</b> Death occurred at <b>8<sup>00</sup> A m</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Calen V. Pilger D.O.</i>				22b. ADDRESS <b>3011A Ind. Ave.</b>			22c. DATE SIGNED <b>2/18/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-21-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>			
24. FUNERAL DIRECTOR <b>FLORAL HILLS MEM CHAPEL INC K.C.MO</b>				25. DATE RECD. BY LOCAL REG. <b>2-19-57</b>		26. REGISTRAR'S SIGNATURE <i>Newa Mindell</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Calen V. Pilger

Dr. J. H.  
301  
Re 1-5070

1-14-62

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 Eugene L. Seel

Licensed Embalmer No. 48

P. O. Address Janice

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