

THE DEPARTMENT OF HEALTH AND PUBLIC WELFARE
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **1431**

FILED APR 16 1957

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **1431**

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MINNESOTA b. COUNTY CASS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HACKENSACK		8220 8 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL		Length of stay in lb 62 days	d. STREET ADDRESS Route 1		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ARCHIE Middle WELLINGTON Last MORLAN			4. DATE OF DEATH Month 3rd Day 24th Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-3-26 1895	9. AGE (In years last birthday) 61 yrs IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HRS. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY Post Office	11. BIRTHPLACE (City and state or country) Rainey, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jason Morlan			14. MOTHER'S MAIDEN NAME Ida Dewitt		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. NONE	17. INFORMANT KULA MORLAN Address Hackensack, Minn. V.A. Hospital Records		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema and pneumonia, left lung DUE TO (b) Metastatic bronchogenic carcinoma to left lung, liver, kidneys. DUE TO (c) Bronchogenic carcinoma, rt. lung (rt. pneumectomy about 1 year previously) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Primary					INTERVAL BETWEEN ONSET AND DEATH 162+
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. _____ Month _____ Day _____ Year _____					
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. <input checked="" type="checkbox"/> attended the deceased from January 21, 1957 to March 24, 1957 and last seen alive on March 24, 1957 Death occurred at 6:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Guido Podrecca (Degree or title) MD			22b. ADDRESS V.A. Hospital, Kansas City, Mo		22c. DATE SIGNED 3-25-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-27-57	23c. NAME OF CEMETERY OR CREMATORY FLORENCE HILLS		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR D. W. McCombs		ADDRESS 1331 Grand Street	25. DATE RECD. BY LOCAL REG. 3-27-57		26. REGISTRAR'S SIGNATURE Neva Minshall

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Richard L. Rogers* _____

Licensed Embalmer No. 495

P. O. Address *J.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.