

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 12 1957

57 0 2 1 2 4 3  
STATE FILE NUMBER 2938

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

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 checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5725 Lydia</b>			Length of stay in 1b <b>12 years</b>	d. STREET ADDRESS (If outside, give location) <b>5725 Lydia</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JENNIE</b> Middle <b>BELLE</b> Last <b>MORSEMAN</b>				4. DATE OF DEATH Month <b>JUNE</b> Day <b>24</b> Year <b>1957</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>March 4, 1870</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>1</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Piqua Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>VERNON H. Bristow</b>				14. MOTHER'S MAIDEN NAME <b>ANNA Elizabeth MURRAY</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>Miss ANNA M. MORSEMAN</b>		Address <b>Lydia R.C.Mo. 5725</b>		
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>Cerebral Hemorrhage</b> DUE TO (b) <b>Essential Hypertension -</b> DUE TO (c) <b>art. (x gen) Sclerosis</b> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>331X</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7 weeks</b> <b>Yrs</b> <b>Yrs</b>
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 <b>a. m.</b> Month <b>p. m.</b> 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. I attended the deceased from <b>1948</b> to <b>23 June 57</b> and last saw her alive on <b>23 June 57</b> . Death occurred at <b>12:30A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Robert M. Myers M.D.</b>				22b. ADDRESS <b>1025 Piqua Blv. Piqua, Mo.</b>		22c. DATE SIGNED <b>24 June 57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>JUNE 24, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SEDALIA</b>		23d. LOCATION (City, town, or county) <b>MISSOURI</b>		(State)
24. FUNERAL DIRECTOR ADDRESS <b>D.W. NEWCOMER'S JANS BRUSH CREEK Blvd = 1337 R.C. Mo</b>			25. DATE RECD. BY LOCAL REG. <b>6-24-57</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Robert M. Myers



**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 *Rollie Kease* .....

Licensed Embalmer No. *46* .....

P. O. Address *K.C.M.* .....

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.