Health, Welfare Public Service

0510 0 300 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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010488
STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Whiteman AF Base Hospital — Length of stay in 1b: 1 hour

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson 0510
c. CITY OR TOWN Knob Noster — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Robert; Middle Eugene; Last Morley

4. DATE OF DEATH: Month March; Day 14; Year 1958

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ 0 DIVORCED ☐

8. DATE OF BIRTH: 5 September 1956

9. AGE (In years last birthday): 1 — 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): -

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (City and state or country): Johnson County Whiteman AF Base, Missouri 0

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Victor Eugene Morley

14. MOTHER'S MAIDEN NAME: Dorothy Jean Demaree

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): - (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT: Victor Morley — Address: Rt 2 Knob Noster, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock, due to bilateral adrenal hemorrhage; acute pulmonary edema; hydrothorax, bilateral;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Overwhelming infection with early meningitis, undetermined type
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 3403

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐ 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 14 Mar 58, to 14 Mar 58 and last saw him alive on 14 Mar 58. Death occurred at 2:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Albert L. Stephenson, MD 0

22b. ADDRESS: USAF Hospital, Whiteman AF Base, Missouri

22c. DATE SIGNED: 3/15/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3-17-58

23c. NAME OF CEMETERY OR CREMATORY: Brighton Cemetery,

23d. LOCATION (City, town, or county) (State): Brighton Colorado

24. FUNERAL DIRECTOR — ADDRESS: R.A. Brauninger, Warrensburg, Missouri

25. DATE RECD. BY LOCAL REG.: 3/16/58

26. REGISTRAR'S SIGNATURE: Emma L. Beatty

(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 em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard F. McDonald

Licensed Embalmer No. 48

P. O. Address Warren

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.