

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018395

STATE FILE NUMBER 2517

FILED JUN 5 1958 Registration District No. 149 Primary Registration District No. 1001 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
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 Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital 7 years		Length of stay in lb 7 years	d. STREET ADDRESS (If outside, give location) 3618 Park
3. NAME OF DECEASED (Type or print) First Middle Last GERTRUDE S MORTON			4. DATE OF DEATH Month Day Year May 17 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH February 24 1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Afton Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Thomas Salisbury	13b. MOTHER'S MAIDEN NAME Eleanor Little
14. NAME OF HUSBAND OR WIFE Francis A. Morton		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NUMBER None
17. INFORMANT Mrs. Bernice Eberhardt - 3618 Park		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) coronary thrombosis DUE TO (b) arterio-sclerotic heart dis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 2 wks 4 wks 4200
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 April 1954 to 5/17/58 and last saw her alive on 5/17/58 Death occurred at 8:40 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James A. Jarvis		22b. ADDRESS Kansas City Mo.	
22c. DATE SIGNED 5/18/58			
23a. BURIAL, CREMATION, RESERVATION (Specify)		23b. DATE May 20, 1958	
23c. NAME OF CEMETERY OR CREMATORY Mickita Park Cemetery		23d. LOCATION (City, town, or county) (State) Mickita, Kansas	
24. FUNERAL DIRECTOR Helka Funeral Home		ADDRESS 2315 S. Wood	
25. DATE RECD. BY LOCAL REG. 5-18-58		26. REGISTRAR'S SIGNATURE neva minshall	

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

James A. Jarvis

Chas E. Swift

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 *Chas E. Swift*

Licensed Embalmer No. *2644*
P. O. Address *17 E 240*

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.