

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-59-025310

8 FILED JUL 17 1959

Primary Registration District No. 1002 Registrar's No. 3271

STATE FILE NUMBER

DED

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		Length of stay in lb 18 YEARS		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. Luke's Hospital			d. STREET ADDRESS (If outside, give location) 801 E. Armour		
3. NAME OF DECEASED (Type or print) First Middle Last John FRANCIS Morley			4. DATE OF DEATH Month Day Year July 3, 1959		
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 5/27/1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheep Broker		10b. KIND OF BUSINESS OR INDUSTRY Commission		11. BIRTHPLACE (City and state or country) Chicago, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Michael Morley		13b. MOTHER'S MAIDEN NAME Ellen HAVICAN	
14. NAME OF HUSBAND OR WIFE Sue Morley		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 NO. unk.	
17. INFORMANT Sue Morley, 801 E. Armour, K.C. Mo.		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Hepatitis		INTERVAL BETWEEN ONSET AND DEATH 3 wks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 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. I attended the deceased from JAN 59 to July 2, 1959 and last saw him alive on July 2nd 1959. Death occurred at 1:53 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) John B. Justus M.D.			22b. ADDRESS 4620 Nichols Pkwy Kansas City, MO		22c. DATE SIGNED 7-3-59
23a. BURIAL, REMOVAL, OR REMOVAL (Specify) Removal		23b. DATE 7-4-59	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Chicago, Illinois
24. FUNERAL DIRECTOR ADDRESS Simon Mort. Ser. K.C. Mo.		25. DATE RECD. BY LOCAL REG. 7-4-59		26. REGISTRAR'S SIGNATURE Neva Marshall	

DOCUMENT

John B. Justus M.D. Justus Medical Certification

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. [Signature]

Licensed Embalmer No. 453

P. O. Address Kansas

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.