RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

515-60-038487

FILED VS OCT 21 1960 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. ~~4760~~ STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY, MO. Length of stay in 1b 1 mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 620 BENNINGTON NORTHEAST Hosp Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Higginsville. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2303 Oak Street Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First STEVEN Middle WAYNE Last MORRIS
4. DATE OF DEATH Month Oct Day 13 Year 1960
5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept. 13, '60
9. AGE (last birthday) IF UNDER 1 YEAR Months 1 Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life ~~even~~ if retired) INFANT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) KANSAS CITY MO NORTHEAST HOSP.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Jesse C. MORRIS
13b. MOTHER'S MAIDEN NAME BESSIE (MILLER)
14. NAME OF HUSBAND OR WIFE NONE.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT 2303 OAK STR. (MO.) JESSE MORRIS HIGGINSVILLE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio Vascular failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) pneumonia.
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 3 da.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Premature Birth 7 mo.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 Sept. 13-60 to Oct. 13-60 and last saw her him alive on Oct. 13-1960
Death occurred at 10 oclock m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. W. Higgins D.O.
22b. ADDRESS N. Ho Hi Way Blvd Ridge cutoff Independence MO
22c. DATE SIGNED 10-14-60
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 10-13-1960
23c. NAME OF CEMETERY OR CREMATORY City
23d. LOCATION (City, town, or county) (State) HIGGINSVILLE MO.
24. FUNERAL DIRECTOR F. L. Hoefer ADDRESS HIGGINSVILLE MO
25. DATE RECD. BY LOCAL REG. 10-14-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF L. W. Higgins

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_____ Signed Forrest A. Hoe[illegible]
Signature of Student Embalmer

Licensed Embalmer No. 4 3 5-[illegible]

P. O. Address HIGGINSV[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co[illegible] 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.