

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009003

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 149
FILED MAR 20 1961

Primary Registration District No. 1002

Registrar's No. 1085

STATE FILE NUMBER

| | | | |
|--|---|--|--|
| 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 1b 71 years | c. CITY OR TOWN KANSAS CITY | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1820 West 38th. Street. |

| | | | | | |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last HARRY Leroy MORAST | | | 4. DATE OF DEATH Month Day Year February 26, 1961 | | |
|---|--|--|--|--|--|

| | | | | | | |
|-----------------------|--------------------------------------|---|------------------------------------|-------------------------------------|---|----------------|
| 5. SEX Male | 6. COLOR OR RACE Caucasian | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/10/89 | 9. AGE (last birthday) 71 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
|-----------------------|--------------------------------------|---|------------------------------------|-------------------------------------|---|----------------|

| | | | |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY Construction | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
|---|--|--|--|

| | | |
|---|---|---|
| 13a. FATHER'S NAME HENRY MORAST | 13b. MOTHER'S MAIDEN NAME ROSA WENK | 14. NAME OF HUSBAND OR WIFE MRS. BETTY MORAST |
|---|---|---|

| | | |
|---|---------------------------------------|--|
| 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. --- | 17. INFORMANT BETTY M. MORAST Address 1820 WEST 38TH ST. KANSAS CITY, MO. |
|---|---------------------------------------|--|

| | | |
|--|------------------------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) CORONARY THROMBOSIS | | 6 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) ARTERIOSCLEROSIS | 5-10 yrs |
| 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 checked="" 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 a.m. p.m. 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 Kansas City | COUNTY Jackson | STATE Mo. |
|---|--|--|--|--------------------------|---------------------|

| | |
|--|--|
| 21. I attended the deceased from October 1959 , to Death and last saw him alive on 2/26/61 | |
| Death occurred at 12:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | |

| | | |
|---|--|------------------------------------|
| 22a. SIGNATURE (Degree or title) Joseph M. Masucci M.D. | 22b. ADDRESS 801 1/2 W. 39th K.C. Mo | 22c. DATE SIGNED 2/27/61 |
|---|--|------------------------------------|

| | | | |
|---|----------------------------------|--|--|
| 23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL | 23b. DATE Mar. 1, 1961 | 23c. NAME OF CEMETERY OR CREATION MEMORIAL PARK CEMETERY | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
|---|----------------------------------|--|--|

| | | |
|---|---|---|
| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons Address 1331 BRUSH CR. Kansas City, Missouri | 25. DATE RECD. BY LOCAL REG. 3-1-61 | 26. REGISTRAR'S SIGNATURE Ruth Long |
|---|---|---|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 BY AFFIDAVIT OF
 Joseph M. Masucci
 MEDICAL CERTIFICATION
 ITEM NO. SHOULD READ

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 *W. J. Nelson*

Licensed Embalmer No. 4421

P. O. Address Kearney City

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.