SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

2479-61-017667 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

AMENDED

FILED JUN 5 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: V A HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY: Clay
c. CITY OR TOWN: NORTH KANSAS CITY — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1011 EAST 21ST AVE — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HARRY — Middle CLAUDE — Last MORSE
4. DATE OF DEATH: Month May — Day 17 — Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-6-90
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months — Days
IF UNDER 24 HR: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Policeman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Harlem, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Fred Morse
13b. MOTHER'S MAIDEN NAME: Claude Vaughn
14. NAME OF HUSBAND OR WIFE: Alice Morse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.:
17. INFORMANT: VA Hospital Official Records, K.C. Mo — Address:

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): Cerebral vascular insufficiency with Parkinson's disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Pneumonitis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ 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 March 23, 1961, to May 17, 1961
Death occurred at 10:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: ANDREW B. WILLIAMSON JR. M.D. (Degree or title)
22b. ADDRESS: VA Hospital, Kansas City, Mo.
22c. DATE SIGNED: 5-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 5-20-1961
23c. NAME OF CEMETERY OR CREMATORY: MOUNT ST. MARYS
23d. LOCATION (City, town, or county) (State): KANSAS CITY, MO

24. FUNERAL DIRECTOR: D.W. Newcomer Sons — ADDRESS: K.C.
25. DATE REC'D. BY LOCAL REG.: 5-19-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(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 embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Glenn H. Hill

Signature of Student Embalmer

Licensed Embalmer No. 4586

P. O. Address K.C. 18, Mo

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.