

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006846
921 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 921

FILED FEB 26 1963

| | | | |
|---|---|--|---|
| 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) Kansas City | | Length of stay in 1b 44 yrs. | c. CITY OR TOWN Kansas City |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Linwood Nursing Home 1900 Linwood Blvd. | | Inside-Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3317 Paseo |
| 3. NAME OF DECEASED (Type or print) First: JOHN Middle: FLOID Last: MORRISON | | 4. DATE OF DEATH Month 2 Day 9 Year 1963 | |
| 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 5-7-82 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Real Estate | 11. BIRTHPLACE (City and state, or country) Paola, Kansas |
| 13a. FATHER'S NAME John James Morrison | | 13b. MOTHER'S MAIDEN NAME Mary Cathelene Millikan | 14. NAME OF HUSBAND OR WIFE Edythe Moorman Morrison |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No | | 16. SOCIAL SECURITY NO. 3 | 17. INFORMANT Mrs. Edythe Morrison: 3317 Paseo, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Arteriosclerosis DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 1 day 10 years | |
| 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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: COUNTY STATE |
| 21. I attended the deceased from 2-4-62 to 2-9-63 and last saw him alive on 2-9-63 Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Frank Paul Laurezana MD (Degree or title) | | 22b. ADDRESS 418 So. White Ave | 22c. DATE SIGNED 2-9-63 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 2-12-63 | 23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
| 24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (S) K.C., MO. | | 25. DATE RECD. BY LOCAL REG. 2-11-63 | 26. REGISTRAR'S SIGNATURE Ruth Long |

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
BY AFFIDAVIT OF
Frank Paul Laurezana
MEDICAL CERTIFICATION
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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,

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack S. Moore

Licensed Embalmer No. 4229

P. O. Address Trumble, 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.