MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024501

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1062 Registrar's No. 3311

FILED JUL 5 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS-300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3158		
3			
4	0		
5	1		
6			
7	0		
8	2		
9	491X		
10			
11			
12	76-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

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: 35 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jackson County Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 710 Virginia
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Davis; Middle: ; Last: Morehouse

4. DATE OF DEATH: Month: June; Day: 10; Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4-1-1891

9. AGE (last birthday): 72

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): City Employee

10b. KIND OF BUSINESS OR INDUSTRY: K.C. Park Dept.

11. BIRTHPLACE (City and state or country): Waynesville, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John L. Morehouse

13b. MOTHER'S MAIDEN NAME: Rebecca Claypool

14. NAME OF HUSBAND OR WIFE: Edith Morehouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Edith Morehouse- 710 Virginia-K.C.Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
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): Cerebral Arteriosclerosis
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 6-4-1963 to 6-10-1963 and last saw him alive on 6-10-1963
Death occurred at 10 40 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert S. Mosser (Degree or title) MD

22b. ADDRESS: Independence, Mo

22c. DATE SIGNED: 6/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-13-1963

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR: Muehlebach ADDRESS: 6800 Troost

25. DATE RECD. BY LOCAL REG.: 6-11-63

26. REGISTRAR'S SIGNATURE: Ruth N. Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF — MEDICAL CERTIFICATION — DOCUMENT

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 Robert G. Landes

Licensed Embalmer No. 5103

P. O. Address K. C. 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.