

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7800

26
44

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. 49-006362 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Colo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Jefferson City</u> c. LENGTH OF STAY (in this place) <u>1 day</u>		c. CITY OR TOWN <u>Holt Summit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2 - Two Miles E. of 54th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sharon</u> b. (Middle) <u>Jean</u> c. (Last) <u>Morland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 21, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Feb. 20, 1949</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Holt Summit Mo. U.S.A.</u>
13a. FATHER'S NAME <u>Harry Morland</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Micholita</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give year or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Morland - Holt Summit</u> ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis, pulmonary</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity (7 1/2 mos)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 20, 1949</u> , to <u>Feb. 21, 1949</u> , that I last saw the deceased alive on <u>Feb. 21, 1949</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Donald Shull M.D. (1)</u> (Degree or title)		23b. ADDRESS <u>229-A E. High, Jefferson City, Mo.</u>	
23c. DATE SIGNED <u>Feb. 23, '49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-2-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Trinity</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 2-1949</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris M.D. (R.)</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel Lewis</u>		ADDRESS <u>700 Jefferson</u>	

RECEIVED
District Health Officer No. 9,
District File Number 3-15-45
Date Filed

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.

Signed *[Handwritten Signature]*
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.