

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

8934

FILED APR 1 1949

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249 Registrar's No. \_\_\_\_\_

|   |   |  |  |
|---|---|--|--|
| <b>1. PLACE OF DEATH</b>  |   | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)        |  |
| a. COUNTY<br><b>JEFFERSON COUNTY</b>  | a. STATE<br><b>MISSOURI</b>                   | b. COUNTY<br><b>JEFFERSON</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><b>HILLSBORO, MO</b> | c. LENGTH OF STAY (In this place)<br><b>4</b> | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN<br><b>HILLSBORO,</b> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>CEDAR GROVE NURSING HOME.</b>                             | d. STREET ADDRESS<br><b>RURAL</b>             |  |  |

|  |   |   |  |  |
|--|---|---|--|--|
| <b>3. NAME OF DECEASED</b><br>(Type or Print)  | a. (First)<br><b>MARY</b>                           | b. (Middle)<br><b>MARRIOTT</b>  | c. (Last)<br><b>MORRISON.</b>                        | <b>4. DATE OF DEATH</b><br>(Month) (Day) (Year)<br><b>MARCH 30, 1949</b> |
| <b>5. SEX</b><br><b>FEMALE</b>   | <b>6. COLOR OR RACE</b><br><b>WHITE</b>             | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><b>MARRIED</b> | <b>8. DATE OF BIRTH</b><br><b>OCT. 11, 1868</b>      | <b>9. AGE</b> (In years last birthday)<br><b>80</b>                      |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>AT HOME</b> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br>- - - - | <b>11. BIRTHPLACE</b> (State or foreign country)<br><b>ST. LOUIS, MO.</b>       | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U.S.A.</b> |  |

|  |  |  |
|--|--|--|
| <b>13a. FATHER'S NAME</b><br><b>JOSEPH MARRIOTT.</b>   | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>MARY TRUE</b> | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>PETER HOLME MORRISON.</b>                             |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><b>NO</b> | <b>16. SOCIAL SECURITY NO.</b><br><b>NONE</b>        | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>CORNELIA M. THOMPSON; 7062 WASHINGTON BLVD.</b> |

|  |  |  |   |
|--|--|--|---|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b>                           |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b> |
| <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Chronic myocarditis</u>   |  |  | <u>3 months</u>                         |
| <b>ANTECEDENT CAUSES</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   | <b>DUE TO (b)</b> <u>Arteriosclerosis, generalized</u> |  | <u>5 years</u>                          |
|  | <b>DUE TO (c)</b>                                      |  | <u>4 1/2</u>                            |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.   | <u>Senility, with mental deterioration.</u>            |  | <u>5 years</u>                          |

|  |  |  |
|--|--|--|
| <b>19a. DATE OF OPERATION</b>                          | <b>19b. MAJOR FINDINGS OF OPERATION</b>  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)        | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>                                     |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b>  |

**22. I hereby certify that I attended the deceased from July 20, 1948, to March 30, 1949, that I last saw the deceased alive on March 23, 1949, and that death occurred at 1:00 P.M., from the causes and on the date stated above.**

|   |   |   |
|---|---|---|
| <b>23a. SIGNATURE</b><br>(Degree or title)<br><u>Thomas A. Donnell MD</u> | <b>23b. ADDRESS</b><br><u>Desoto, Mo.</u>               | <b>23c. DATE SIGNED</b><br><u>3-30-49</u>   |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><b>BURIAL</b>         | <b>24b. DATE</b><br><u>MARCH 31 1949</u>                | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>BELLEFONTAINE CEMETERY</u>                  |
|   |   | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>ST. LOUIS, MISSOURI</u>          |
| <b>DATE REC'D BY LOCAL REG.</b><br><u>4-16-49</u>                         | <b>REGISTRAR'S SIGNATURE</b><br><u>Kathleen Merndon</u> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><u>C.R. LUPTON &amp; SONS; 7233 DELMAR BLVD;</u> |

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

OCT 8 1948  
JUN 27 1955

**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

*Armed W. Schoe*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St Louis, 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 this body is not embalmed, fact should be so stated above.