No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9240

State File No.

BIRTH NO. REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 2-49

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tuscumbia Equality
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humphreys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ~~Miller~~ Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. THOMAS
d. STREET ADDRESS (If rural, give location):

26 0 1 0

3. NAME OF DECEASED (Type or Print): a. (First) Theresa b. (Middle) c. (Last) Morff

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 9 1891
9. AGE (In years last birthday): 57 IF UNDER 1 YEAR Months: 6 Days: 6 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own
11. BIRTHPLACE (State or foreign country): Henley, Mo.
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: John Loethen
13b. MOTHER'S MAIDEN NAME: Emma Hilgert
14. NAME OF HUSBAND OR WIFE: John Morff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: John Morff ADDRESS: St. Thomas, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Acute Glomerulo Nephritis — 3 wks
DUE TO (c) Diabetes Mellitus — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) ~~March 27~~ m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-11-, 1949, *to* 2-15-, 1949, *that I last saw the deceased alive on* 2-15-, 1949, *and that death occurred at* 8:48 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. E. Humphreys (Degree or title) D.O.
23b. ADDRESS: Tuscumbia, Mo.
23c. DATE SIGNED: 2-16-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 18-49
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): St. Thomas, Mo.

DATE REC'D BY LOCAL REG.: 2-27-49
REGISTRAR'S SIGNATURE: Mrs. Richard L. Wright 391
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buescher ADDRESS: Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 3-15-49
Date Filed

OCT 26 1956

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 .....
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.