FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13198

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Haws Creek Tw'n
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 M. N. W. Versailles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Haw Creek Tw'n.
d. STREET ADDRESS (If rural, give location): 4 M. N. W. Versailles

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Stephens
c. (Last): Morris

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

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 1
8. DATE OF BIRTH: Sept. 5, 1866
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 7, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Morgan Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jake Stephens
13b. MOTHER'S MAIDEN NAME: Annie Kuykendall
14. NAME OF HUSBAND OR WIFE: Edward Morris

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Jess Morris — ADDRESS: Versailles, 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) Stomach hemorrhage (unknown cause) — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Fracture hip — 4 mos
DUE TO (c) accidental fall

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: senility
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fall

INDUCTIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. *I hereby certify that I attended the deceased from* Dec 14, 1948, *to* Apr, 1949, *that I last saw the deceased alive on* Apr 15, 1949, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A J Gunn M D
23b. ADDRESS: Versailles Mo
23c. DATE SIGNED: 4/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 17-49
24c. NAME OF CEMETERY OR CREMATORY: Glensted
24d. LOCATION (City, town, or county) (State): Glensted, Missouri

DATE REC'D BY LOCAL REG.: April 20th 1949
REGISTRAR'S SIGNATURE: Wm L. Rippeager 212
25. FUNERAL DIRECTOR'S SIGNATURE: J. V. [illegible] — ADDRESS: Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer
District File Number 3-4
Date Filed 4-25

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 Raymond C. Garber
Licensed Embalmer No. 4626
P. O. Address Versailles, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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