

FILED MAY 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15647

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo 4<sup>th</sup></u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Paul Host A</u>		d. STREET ADDRESS (If rural, give location) <u>320 South 2<sup>nd</sup> St. A</u>	
3. NAME OF DECEASED (Type or Print) <u>CORA MARAGRET MORRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13 1949</u>	
5. SEX <u>FEMALE/White</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC 3 1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WARR</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u> IF UNDER 12 HRS. Hours <u>10</u> Min.
11. BIRTHPLACE (State or foreign country) <u>Tiskelwa Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>ANDREW DETLER</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA MERRIOTT</u>	
14. NAME OF HUSBAND OR WIFE <u>RALPH MORRIS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Morris</u>		ADDRESS <u>Clinton Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anuria</u>			<u>2 days</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>260X</u>
19a. DATE OF OPERATION <u>7/11/49</u>		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		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>5/11</u> , 1949, to <u>5/13</u> , 1949, that I last saw the deceased alive on <u>5/13</u> , 1949, and that death occurred at <u>3:14</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Design or title) <u>Dr. R. S. Halling</u>		23b. ADDRESS <u>Clinton Mo.</u>	
23c. DATE SIGNED <u>5/13/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 14/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MAY, NEAR Chillicothe</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-14-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	
5. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conrader</u>		ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer N

District File Number 4-49-  
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Date Filed 5-16-4  
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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

*Eugene R. Corsalus*

Student Embalmer No. 281

working under my personal supervision.

Signed

*Eugene R. Corsalus*  
Student Embalmer

Signed

*J. E. Corsalus*

Licensed Embalmer No. 1891

P. O. Address *Clinton Mo*

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

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