S. No. 300
V. 10.46

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

FILED JUL 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18548

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
c. LENGTH OF STAY (In this place): 4-hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Vincent Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monett
d. STREET ADDRESS (If rural, give location): Broadway

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

4. DATE OF DEATH (Month) (Day) (Year): 6-14-1949

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): (1)
8. DATE OF BIRTH: 7-23-1947
9. AGE (In years last birthday): 1 — If under 1 year: Months 10, Days 22 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: George W. Morris
13b. MOTHER'S MAIDEN NAME: Mary E. Wilkerson
14. NAME OF HUSBAND OR WIFE:

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: George W. Morris — ADDRESS: Monett 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 Gastritis — 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)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
5431

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) 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* 6-14-49, 19 49, *to* 6-14, 19 49, *that I last saw the deceased alive on* 6-14, 19 49, *and that death occurred at* 11:50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank Kerr (Degree or title):
23b. ADDRESS: Monett Mo
23c. DATE SIGNED: 9/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 16
24c. NAME OF CEMETERY OR CREMATORY: Good H.
24d. LOCATION (City, town, or county) (State): Monett Mo

DATE REC'D BY LOCAL REG.: 7-8-49
REGISTRAR'S SIGNATURE: W. M. West
25. FUNERAL DIRECTOR'S SIGNATURE: Bennett + Worrington Funeral Home — ADDRESS: Monett, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 749-801
Date Filed 7-9-49

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 Gordon Barnett

Signed .....
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett Missou

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.