FILED SEP 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26647

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Green
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 12
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ice Hab. on Hwy 60

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains 46
d. STREET ADDRESS (If rural, give location): 608 Wace Ave.

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

4. DATE OF DEATH (Month) (Day) (Year): 6-22-49

5. SEX: M D
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M-1
8. DATE OF BIRTH: 12-23-99
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 3 Days 29 — IF UNDER 24 HRS.: Hours Min.

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

13a. FATHER'S NAME: Addison Morris
13b. MOTHER'S MAIDEN NAME: Unk
14. NAME OF HUSBAND OR WIFE: Marie Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WW1 U.S.N.
16. SOCIAL SECURITY NO.: yes
17. INFORMANT'S SIGNATURE OR NAME: Marie Morris, West Plains, Mo. ADDRESS

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) Internal Hemorrhage
ANTECEDENT CAUSES: Shock
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Comp. Fract. Rt Tibia & Fibula
DUE TO (c) resulting from
II. OTHER SIGNIFICANT CONDITIONS: Auto Accident on a
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 hours

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): PUBLIC HIGHWAY
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): NEAR West Plains - Howell, MISSOURI
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JUNE 21 1949 9:10 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Highway Auto Accident 46

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 1:15 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Tollen Dunn N.M.D. Coroner
23b. ADDRESS: Howell County, West Plains, Mo.
23c. DATE SIGNED: 27/6/49

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 6/22-49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: 9-12-49
REGISTRAR'S SIGNATURE: Dr. W. E. Hanoley
25. FUNERAL DIRECTOR'S SIGNATURE: Robertson, West Plains, Mo. ADDRESS

by M.B.W.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 15 1950

SEP 12 1949

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 ..... Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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

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