

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 27516

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BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4369 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL, and give township) Seneca		c. CITY (If outside corporate limits, write RURAL and give township) Seneca	
c. LENGTH OF STAY (in this place) 3 yrs.		73	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 4	

3. NAME OF DECEASED (Type or Print) George Washington Morris			4. DATE OF DEATH (Month) (Day) (Year) Sept 5, '49		
5. SEX Male	6. COLOR OR RACE WHT.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Mar.	8. DATE OF BIRTH Mar. 19, 1875		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work during most of working life, omit retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) McCleansboro, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Allen Morris		13b. MOTHER'S MARRIAGE NAME Angeline Rathbone Emily		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. - - -		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emily Morris		ADDRESS Seneca Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Memia		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic enlarged and diseased prostate DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.						12/10X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Aug. 20, 1949**, to **Sept 5, 1949**, that I last saw the deceased alive on **Sept 6, 1949**, and that death occurred at **7:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE D. G. Auerbach M.D. (Degree or title)		23b. ADDRESS Seneca Mo.		23c. DATE SIGNED 9-7-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-7-49		24c. NAME OF CEMETERY OR CREMATORY Seneca Cem.		24d. LOCATION (City, town, or county) (State) Seneca Missouri	
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DATE REC'D BY LOCAL REG. 9-7-49		REGISTRAR'S SIGNATURE Phyllis Brite		5. FUNERAL DIRECTOR'S SIGNATURE W. E. Billecove		ADDRESS Seneca Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT

District File Number 949-154

Date Filed 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
Student Embalmer

Signed

W E Beddlesome

Licensed Embalmer No.

2174

P. O. Address

Seneca 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.