

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **30027**

No. 300  
10-48

45

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

**FILE** SEP 22 1949

BIRTH NO. _____		REG. DIST. NO. <b>140</b>		PRIMARY REG. DIST. NO. <b>3024</b>		Registrar's No. <b>47</b>			
1. PLACE OF DEATH a. COUNTY <b>Howard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Minerva</b>			b. (Middle)			c. (Last) <b>Morrison</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 14 1949</b>			
8. DATE OF BIRTH <b>Oct. 1863</b>		9. AGE (In years last birthday) <b>85</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired School Teacher</b>		11. BIRTHPLACE (State or foreign country) <b>Fayette, Missouri</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>James Pryor Morrison</b>			13b. MOTHER'S MAIDEN NAME <b>Caroline Stewart</b>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>James Morrison</b>		ADDRESS <b>FAYETTE, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal Obstruction</b> ANTECEDENT CAUSES <b>Diverticulitis Colon</b> 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. <b>Marked anemia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 week.</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				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)		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 <b>Jan. 1930</b> , to <b>Aug. 14, 1949</b> , that I last saw the deceased alive on <b>Aug. 14, 1949</b> and that death occurred at <b>9:50 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Wm. J. Shaw, M.D.</b>				23b. ADDRESS <b>Fayette, Mo.</b>		23c. DATE SIGNED <b>8-16-49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/16/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Fayette Missouri</b>			
DATE REC'D BY LOCAL REG. <b>8-29-49</b>		REGISTRAR'S SIGNATURE <b>Mary K. Shall</b>		404 FUNDING DIRECTOR'S SIGNATURE <b>Walley - Law</b>		ADDRESS <b>Funeral Home Fayette, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 8

District Health Officer No. 18

District File number

Date Filed 9-21-49

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.

Student Student Embalmer

Signed Marshall Blackwell

Licensed Embalmer No. 4713

P. O. Address Fayette, Missouri.

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.