S. No. 300
v. 10-48

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

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32032

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7891

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Saint Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Pacific Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Arkansas
b. COUNTY Ga
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mc Ghee
d. STREET ADDRESS (If rural, give location) N.R.

3. NAME OF DECEASED (Type or Print)
a. (First) Rufus
b. (Middle) James
c. (Last) Morman

4. DATE OF DEATH (Month) (Day) (Year) Sept. 9, 1949

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 2, 1919
9. AGE (In years last birthday) 30
If under 1 year: Months ___ Days ___
If under 24 hrs.: Hours ___ Min. ___

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

13a. FATHER'S NAME Pete Morman
13b. MOTHER'S MAIDEN NAME Maude Lee Coleman
14. NAME OF HUSBAND OR WIFE Emily Morman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Lillie Clayborn
ADDRESS 3317 Lucas Ave

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac Dilatation + Hypertrophy 3 mos.

DUE TO (c) Myocarditis 3 mos.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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) 93
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 431X

22. *I hereby certify that I attended the deceased from* Aug. 25, 1949, *to* Sept. 9, 1949, *that I last saw the deceased alive on* Sept. 8, 1949, *and that death occurred at* 7:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Burnett Cole M.D.
(Degree or title)
23b. ADDRESS Missouri Pacific Hosp
23c. DATE SIGNED 9-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 9-12-49
24c. NAME OF CEMETERY OR CREMATORY Mc Ghee, Arkansas
24d. LOCATION (City, town, or county) McGhee, Arkansas (State)

DATE REC'D BY LOCAL REG. SEP 12 1949
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE G. Wade Granberry
ADDRESS 4202 Finney

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 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 Leroy H. Dannister

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Av

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.