

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40561

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BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3017 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u>	
c. LENGTH OF STAY (in this place) <u>50 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>202 E. Franklin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>202 E. Franklin</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lillie</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Morris</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5-49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 8-1867</u>	9. AGE (in years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US.</u>
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13a. FATHER'S NAME <u>Rufus Hisey</u>	13b. MOTHER'S MAIDEN NAME <u>Elize Jene Glendye</u>	14. NAME OF HUSBAND OR WIFE <u>Charles B. Morris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Richard Myall</u>	ADDRESS <u>Liberty Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		# <u>3 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pernicious Anemia</u> DUE TO (c) <u>0</u>		
II. OTHER SIGNIFICANT CONDITIONS ... Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION <u>0</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>0</u>
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22. I hereby certify that I attended the deceased from 1946, to Dec, 1949, that I last saw the deceased alive on Dec 25, 1949 and that death occurred at 8:10 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Wuff Goodson M.D.</u>	(Degree or title)	23b. ADDRESS <u>Liberty Mo</u>	23c. DATE SIGNED <u>Dec 7/49</u>
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24a. BURIAL, CREMATION, REQUIEM (Specify) <u>Burial</u>	24b. DATE <u>Dec. 7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 7-1949</u>	REGISTRAR'S SIGNATURE <u>Minnie Haynes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles - Arnesen Co.</u>	ADDRESS <u>Liberty Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 12

District Health Officer No. 8,

District File Number _____

Date Filed 12-20-49

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 Harold H. Smith

Licensed Embalmer No. 4575

P. O. Address Liberty, 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.