

FILED JAN 28 1950

STANDARD CERTIFICATE OF DEATH

43852

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Purcell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Purcell</u> (Municipal W.P. 1949)	
c. LENGTH OF STAY (in this place) <u>58 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u> (Municipal W.P. 1949)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Barton</u> b. (Middle) <u>Leroy</u> c. (Last) <u>Morrison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 24 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 2 1891</u>		9. AGE (In years last birthday) <u>58</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS* OR INDUSTRY <u>Businessman</u>		11. BIRTHPLACE (State or foreign country) <u>Medoc Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>America</u>					

13a. FATHER'S NAME <u>Henry C. Morrison</u>		13b. MOTHER'S MAIDEN NAME <u>Mary H. Barnett</u>		14. NAME OF HUSBAND OR WIFE <u>Mertie Morrison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes World War-1-</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mertie Morrison</u> ADDRESS <u>Purcell Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Disease</u>			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) <u>Generalized Arteriosclerosis</u>				
		DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4201</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 5-2, 1949, to 12-24, 1949, that I last saw the deceased alive on 12-23, 1949, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. J. Gregory</u> (Degree or title) <u>Dr. 2</u>		23b. ADDRESS <u>Wendell, Mo</u>		23c. DATE SIGNED <u>1/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-27-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Weaver Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>W. of Webb City Mo</u>	

DATE REC'D BY LOCAL REG. <u>Dec 27 49</u>		REGISTRAR'S SIGNATURE <u>S. L. Schelbeck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Lewis</u> ADDRESS <u>Webb City, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-16-50
Jasper County Health Office

County File Number 49-12-1024

Date Filed 1-24-50

JAN 30 1950

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 E. W. Hedgcock

Licensed Embalmer No. 2859

P. O. Address Atchafalaya

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.