

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 163

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 38 | | PRIMARY REG. DIST. NO. 3006 | | Registrar's No. 35 | |
| 1. PLACE OF DEATH a. COUNTY Boone | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Columbia | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) Ashland | | 1 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary | | b. (Middle) Eddie | | c. (Last) Morris | | 4. DATE OF DEATH (Month) (Day) (Year) 1-28-50 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 4-23-1891 | |
| 9. AGE (In years last birthday) 54 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.H. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME Charles E. Crump | | 13b. MOTHER'S MAIDEN NAME Lucy Winnie White | | 14. NAME OF HUSBAND OR WIFE Auther G. Morris | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Auther G. Morris Ashland Mo | | | |
| 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown Cause DUE TO (c) 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 <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) (Min) | | 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 Jan 26, 1950, to Jan 28, 1950, that I last saw the deceased alive on Jan 28, 1950, and that death occurred at 3:55 P. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Ref. Roy J. Nully M.D. | | | | 23b. ADDRESS Ashland Mo. | | 23c. DATE SIGNED Feb. 3 '50 | |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) | | 24b. DATE 1-31-1950 | | 24c. NAME OF CEMETERY OR CREMATORY Mt Pleasant | | 24d. LOCATION (City, town, or county) (State) Boone County Mo. | |
| DATE REC'D BY LOCAL REG. Feb. 4 1950 | | REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 31 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Bennett Ashland Mo | | | |

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

RECEIVED
FEB 6 1950
District Health Officer No. 9,
District File Number

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. C. Bennett

Licensed Embalmer No. *3564*

P. O. Address *Resland*

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.