

FILED FEB 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 992

992

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BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived, if institution's residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST PLAINS	
c. LENGTH OF STAY (in this place) 8 DAYS		d. STREET ADDRESS (If rural, give location) 417 WEST MAIN ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION CHRISTA HOGAN HOSP.			
3. NAME OF DECEASED a. (First) NONIE (Type or Print)		b. (Middle) EMORY	
c. (Last) MORRISON		4. DATE OF DEATH (Month) (Day) (Year) JAN. 22, 1950	
5. SEX 0 MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 27, 1892
9. AGE (in years last birthday) 57		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None Retired		10b. KIND OF BUSINESS OR INDUSTRY Teacher Farmer Oil Inspector Cons. Agent	
11. BIRTHPLACE (State or foreign country) CRAWFORD Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME W. H. MORRISON		13b. MOTHER'S MAIDEN NAME DORA JANE GRUBB	
14. NAME OF HUSBAND OR WIFE EGGIE MAE MARTIN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME MRS. N. E. MORRISON, West Plains, Mo.		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		42 2 2 1	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1-14-50 , 19____, to 1-22-50 , 19____, that I last saw the deceased alive on 1-22-50 , 19____, and that death occurred at 8:45 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. Callahan M.D. (Degree or title)		23b. ADDRESS West Plains, Mo.	
23c. DATE SIGNED 1-24-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE JAN. 25, 1950	
24c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.		24d. LOCATION (City, town, or county) (State) ST. JAMES, MO	
DATE REC'D BY LOCAL REG. 1-26-50		REGISTRAR'S SIGNATURE Beatrice Cook 379	
25. FUNERAL DIRECTOR'S SIGNATURE Hal Thomburg		ADDRESS W. Plains, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1/30/50

District Health Officer No. 5,

District File Number 25076

Date Filed 2/2/50

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.....

Licensed Embalmer No.....

P. O. Address.....

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.