

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED MAR 1 1950

State File No. **5436**
Registrar's No. **48**

BIRTH NO. _____ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5766**

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

1. PLACE OF DEATH a. COUNTY Marion County		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Miller 4th and 136 RR		c. CITY (If outside corporate limits, write RURAL and give township) Monroe City	
c. LENGTH OF STAY (in this place) RR		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 36			

3. NAME OF DECEASED (Type or Print) a. (First) Donald Francis b. (Middle) Morkin c. (Last) Morkin			4. DATE OF DEATH (Month) (Day) (Year) February 16, 1950			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH February 11, 1940	9. AGE (In years last birthday) 10	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) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Monroe City Missouri		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Ernest Morkin	13b. MOTHER'S MAIDEN NAME Anna Maher	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No	17. INFORMANT'S SIGNATURE OR NAME Ernest Morkin	ADDRESS Monroe City Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) To multiple injuries, result of		INTERVAL BETWEEN ONSET AND DEATH Feb 8 194 31
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) automobile accident. 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 064	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hy. 36	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marion Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2/16/50 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident - 70

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **11:25 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. Crawford Smith	3 (Degree or title) Coroner	23b. ADDRESS 902 Broadway Hannibal Missouri	23c. DATE SIGNED 2/17/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/20/1950	24c. NAME OF CEMETERY OR CREMATORY Indian Creek	24d. LOCATION (City, town, or county) (State) Monroe County Missouri
DATE REC'D BY LOCAL REG. 2/17/50	REGISTRAR'S SIGNATURE W. E. M. Kucha	FUNERAL DIRECTOR'S SIGNATURE W. Crawford Smith	ADDRESS Hannibal Missouri

(Licensed/Embalmers Statement on Reverse Side)

RECEIVED FEB 24 1950
HEALTH DEPT.
DATE FILED FEB 27 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.

Signed W. Crawford Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.