

FILED MAR 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8407**

BIRTH NO. 1 REG. DIST. NO. 134 PRIMARY REG. DIST. NO. 4209 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Moriah</b>		c. LENGTH OF STAY (in this place) <b>all life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Moriah</b>		<b>0419</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOTTIE</b> b. (Middle) <b>H</b> c. (Last) <b>MORRIS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 17 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 2, 1892</b>		9. AGE (In years last birthday) <b>57</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>10 Foxcreek Twp., Harrison Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>James H. Morris</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>James H. Morris</b> ADDRESS <b>Mt. Moriah, Mo.</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of the Liver</b>			INTERVAL BETWEEN ONSET AND DEATH <b>4 Yrs.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>5810</b>

19a. DATE OF OPERATION <b>12/19/49</b>	19b. MAJOR FINDINGS OF OPERATION <b>Cirrhosis of the Liver</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 Dec. 4, 1949, to Mar. 17, 1950, that I last saw the deceased alive on Mar. 17, 1950, and that death occurred at 2:45 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. Sellers M. D.</b>		23b. ADDRESS <b>Mt. Moriah, Mo.</b>	23c. DATE SIGNED <b>3/18/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar. 19 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sharon Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Harrison Co., Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Mar 23-1950</b>	REGISTRAR'S SIGNATURE <b>S. Pha Skaw</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gainsville Missouri</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



**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 \_\_\_\_\_

Eddie J. Stoklasa

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Eddie J. Stoklasa*

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.