

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8438

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4214		Registrar's No. 86	
1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>HENRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u>		d. STREET ADDRESS (If rural, give location) <u>East of School House</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East of School House</u>				d. STREET ADDRESS (If rural, give location) <u>East of School House</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>W.</u> c. (Last) <u>MORSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 22 1950</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 4 1861</u>	
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>18</u>		IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Booming House</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT</u>		11. BIRTHPLACE (State or foreign country) <u>Henry Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chas. Morse - Deepwater</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic interstitial nephritis</u> DUE TO (c) <u>Chronic Cardio-renal disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>me</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>#42-X</u>
19a. DATE OF OPERATION <u>me</u>		19b. MAJOR FINDINGS OF OPERATION <u>me</u>					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) m.		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 <u>May 6, 1949</u> , to <u>March 22, 1950</u> , that I last saw the deceased alive on <u>March 15, 1950</u> , and that death occurred at <u>10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. B. Hughes, M.D.</u> (Degree or title)				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>3/23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>MAR-24-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King Public Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>11 mi. E Osceola Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar-24-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lud. Wilkinson, Jr. Clinton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 71

District File Number 2-51-282

Date Filed 3-27-50

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. 4510

P. O. Address Clinton, Mo.

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.