

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17538**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **4330** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Miss.</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East Prairie</b>	c. LENGTH OF STAY (in this place) <b>65 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East Prairie 0671</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) <b>SADIE</b>	a. (First)	b. (Middle)	c. (Last) <b>MORRIS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 14, 1950</b>
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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>Mar. 15, 1873</b>	9. AGE (In years last birthday) <b>77</b>	10. UNDER 1 YEAR Months <b>0</b>	11. UNDER 1 HRS. Hours <b>29</b>	12. MIN. <b>29</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>	11. BIRTHPLACE (State or foreign country) <b>Evansville, Indiana</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jim Justice</b>	13b. MOTHER'S MAIDEN NAME <b>Ellen Harold</b>	14. NAME OF HUSBAND OR WIFE <b>Isom 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.	17. INFORMANT'S SIGNATURE OR NAME <b>Isom Morris - East Prairie, Mo.</b>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4272)</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Heart</b> rise to the above cause (a) stating the underlying cause last.  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 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)
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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?
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22. I hereby certify that I attended the deceased from **March 10, 1950**, to **April 14, 1950**, that I last saw the deceased alive on **April 12, 1950**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. J. Martin M.D.</b> (Degree or title)	23b. ADDRESS <b>East Prairie Mo. 5-2-50</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 17, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dogwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Miss. Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>5/27/50</b>	REGISTRAR'S SIGNATURE <b>Anna Harper</b>	197	FUNERAL DIRECTOR'S SIGNATURE <b>W. W. Shelby</b>	ADDRESS <b>East Prairie</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 2 REC

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed JUN 2 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.

Student \_\_\_\_\_  
Student Embalmer

Signed

*Travis Shelby*

Licensed Embalmer No. 2726

P. O. Address East Travis

**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.