

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17629

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5834 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO RURAL #3</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>NEOSHO R#3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>NEOSHO R#3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ELLIS</u> c. (Last) <u>MORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27 1950</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB. 14. 1869</u>	9. AGE (In years last birthday) Months Days <u>81 3 13</u>	10. IF UNDER 1 YEAR OF AGE: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARETAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MONARK PARK</u>	11. BIRTHPLACE (State or foreign country) <u>MONTGOMERY Co. Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>WILSON MORRIS</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET SMOOTS</u>	14. NAME OF HUSBAND OR WIFE <u>GRACE MORRIS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No NONE</u>	16. SOCIAL SECURITY NO. <u>378-14-1566</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GRACE MORRIS</u>	ADDRESS <u>NEOSHO MO. R#3</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Orley Thompson</u>	(Degree or title)	23b. ADDRESS <u>Neosho Missouri</u>	23c. DATE SIGNED <u>5/28/50</u>
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24a. BURIAL (CREMATION) REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-30-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GIBSON</u>	24d. LOCATION (City, town, or county) (State) <u>NEOSHO NEWTON MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>June 1, 1950</u>	REGISTRAR'S SIGNATURE <u>Melvin P. Bonman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u>	ADDRESS <u>Neosho Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 650-131

Date Filed JUN 5 1950

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**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 Kenneth Patterson.....

Licensed Embalmer No. 4697.....

P. O. Address Wash, 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.