

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25086

State File No. ....

318

1003

Registrar's No. 6496

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2063	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4818 Cupples</u>				f. STREET ADDRESS (If rural, give location) <u>4818 Cupples</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>M.</u> c. (Last) <u>Morris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 16, 1876</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 4 HRS. Days <u>11</u> Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Van Buren, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Perryman</u>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernice Gray</u>		ADDRESS <u>4818 Cupples</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitis</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H/2X</u>			
22. I hereby certify that I attended the deceased from <u>July 1, 1950</u> to <u>July 27, 1950</u> , that I last saw the deceased alive on <u>July 27, 1950</u> , and that death occurred at <u>11:45 a.m.</u> , from the cause <u>as stated above</u> .							
23a. SIGNATURE <u>Mason D. Clayton, M.D.</u>				23b. ADDRESS <u>7443<sup>rd</sup> Easton</u>		23c. DATE SIGNED <u>7-29-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-30-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lowe Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Muskogee, Oklahoma</u>	
DATE REC'D BY LOCAL REG. <u>JUL 29 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sarter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Roane</u>		ADDRESS <u>1221 North Grand</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Clarence Brown*

Signed.....

Student Embalmer

Licensed Embalmer No. *4755*

P. O. Address *1221 N. Green*

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.