No. 300
10.48

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29309

State File No. 29309

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4010 Registrar's No. 469

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

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rea
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rea 6020
d. STREET ADDRESS (If rural, give location): 6

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Alice
c. (Last): Morris

4. DATE OF DEATH (Month) (Day) (Year): 9 - 13 - 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-26-1890
9. AGE (In years last birthday): 59 — If under 1 year: Months 11, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Andrew Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Omar J. Manship
13b. MOTHER'S MAIDEN NAME: un Known
14. NAME OF HUSBAND OR WIFE: Ira Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Ira Morris — **ADDRESS**: Rea. Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4301

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 1, 1950, *to* Sept 13, 1950, *that I last saw the deceased alive on* Sept 1, 1950, *and that death occurred at* 10 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E M Reynolds MD
23b. ADDRESS: Union Star Mo
23c. DATE SIGNED: 9-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-15-1950
24c. NAME OF CEMETERY OR CREMATORY: Flaggsprings
24d. LOCATION (City, town, or county) (State): Flaggsprings mo

DATE REC'D BY LOCAL REG.: 9-15-50
REGISTRAR'S SIGNATURE: Lillian Spark
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Breit Funeral Home Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 18 1950
DISTRICT HEALTH OFFICE
CAMERON, MO.

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.

Signed E. C. Brent

Signed .....
Student Embalmer

Licensed Embalmer No. 2650

P. O. Address Savannah Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.