

No. 300
 70
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 29718

BIRTH NO.		REG. DIST. NO. 55		PRIMARY REG. DIST. NO. 5790		Registrar's No. 187					
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo</u>				b. COUNTY <u>Carroll</u>			
b. CITY, OR TOWN <u>Rural "Carrollton Twp"</u>		c. LENGTH OF STAY (In this place) <u>Five</u>		c. CITY OR TOWN <u>Rural "Carrollton Twp"</u>		D170					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi N.E. of Carrollton</u>				d. STREET ADDRESS (If rural, give location) <u>5 mi N.E. of Carrollton</u>							
3. NAME OF DECEASED (Type or Print) <u>THOMAS</u>			a. (First) <u>M</u>		b. (Middle) <u>MORRISON</u>		c. (Last)				
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 3</u>		8. DATE OF BIRTH <u>Sept 16, 1873</u>		9. AGE (In years last birthday) <u>76</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Penna.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>John H. Morrison</u>			13b. MOTHER'S M.A.D.E.N NAME <u>Alice A. Mason</u>			14. NAME OF HUSBAND OR WIFE <u>Edna M. Chary Morrison</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Morrison</u>				ADDRESS <u>Carrollton Mo. P.O. #4</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, 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>Coronary Occlusion</u>					4301		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>							
				DUE TO (c) <u>Prostatectomy</u>							
				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"/>	
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) (Min.)		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>1947</u> , to <u>Aug 31</u> , 1950, that I last saw the deceased alive on <u>June</u> , 1950, and that death occurred at <u>6:50 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Carl Reed MD</u>				23b. ADDRESS <u>Carrollton Mo</u>				23c. DATE SIGNED <u>9/2/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>			24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>				
DATE REC'D BY LOCAL REG. <u>9-2-50</u>		REGISTRAR'S SIGNATURE <u>Herbert C. Standley</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Gibson</u>			ADDRESS <u>Carrollton Mo</u>			

45.
 (Licensed Embalmer's Statement on Reverse Side)



APR 11 1957

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

Ben W. Gibson

Signed
Student Embalmer

Licensed Embalmer No. *2961*

P. O. Address *Carrollton 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.