

FILED SEP 19 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30986

State File No. ....

0570  
1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 3678 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Herrican Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Herrican</u>	
c. LENGTH OF STAY (In this place) <u>84-915</u>		d. STREET ADDRESS (If rural, give location) <u>7 Miles SE Eolia, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Miles SE Eolia, Mo</u>		e. STREET ADDRESS (If rural, give location) <u>7 Miles SE Eolia, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>East</u> c. (Last) <u>Morris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17, 1950</u>	
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>Jan 3 1866</u>
9. AGE (In years last birthday) <u>84</u>		10. IF UNDER 1 YEAR (Days) (Hours) (Min.) <u>7 17</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Lincoln County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Israel Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Cary Wammack</u>	
14. NAME OF HUSBAND OR WIFE <u>Ida Morris</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Brown</u> ADDRESS <u>Eolia, Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u>  ANTECEDENT CAUSES DUE TO (b) <u>NEPHRITIS</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>403</u> <u>4K3</u> <u>442X</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____	
22. I hereby certify that I attended the deceased from <u>11 -</u> 19 <u>49</u> , to <u>8 - 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8 - 17</u> , 19 <u>50</u> , and that death occurred at <u>5 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>ELS BERRY, MO</u>	
23c. DATE SIGNED <u>8/19/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Millcreek Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lincoln County, Mo</u>		DATE REC'D BY LOCAL REG. <u>Aug 18 1950</u>	
REGISTRAR'S SIGNATURE <u>NE Gooch - Depl.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maline Funeral Service</u> ADDRESS <u>Eolia, Mo</u>	

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

EO Dameron  
Elsberry

RECEIVED  
SEP 11 1950  
DISTRICT HEALTH OFFICE NO. 4  
File No.

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.~~

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

Signed George O. Wagner  
Licensed Embalmer No. 3773

P. O. Address Louisiana 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.