

FILED OCT 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32560

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Shawnee mwp. 0070	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital			

3. NAME OF DECEASED a. (First) William b. (Middle) Madison c. (Last) Morris		4. DATE OF DEATH (Month) (Day) (Year) Oct. 22, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1871
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months 3 Days 29	IF UNDER 1 HS. Hour 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carney Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Madison Morris	
13b. MOTHER'S MAIDEN NAME Emaline Soper		14. NAME OF HUSBAND OR WIFE Gracie Ann Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Gracie Ann Morris, Adrian Mo.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate		INTERVAL BETWEEN ONSET AND DEATH 177X
	ANTECEDENT CAUSES Morbidity 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 Aug. 1950	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Prostate		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 **Aug. 4, 1950**, to **Feb. 21, 1950**, that I last saw the deceased alive on **Feb. 21, 1950**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Robinson M.D.	23b. ADDRESS Adrian Mo.	23c. DATE SIGNED 10-23-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-24-50	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Butler Mo.
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DATE REC'D BY LOCAL REG. Oct. 24, 50	REGISTRAR'S SIGNATURE Donald Wray	25. FUNERAL DIRECTOR'S SIGNATURE Leath & Sif	ADDRESS Adrian Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED ^{10/30/50}

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10/30/50

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 [Signature]

Licensed Embalmer No. 3650

P. O. Address Adrian 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.