

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32929

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5222 Registrar's No. 169

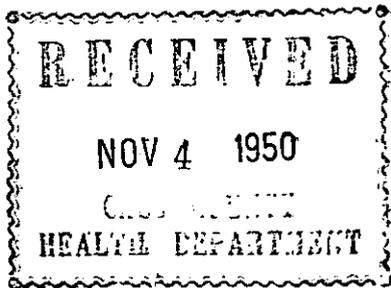
1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY OR TOWN <u>Rural - Dalgate Twp</u>		c. CITY OR TOWN <u>Rural - Dalgate Twp</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>4 mi. South Freeman</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi South of Freeman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30 - 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Inez</u> b. (Middle) <u>D.</u> c. (Last) <u>Morrison</u>		5. SEX <u>F</u> 6. COLOR OR RACE <u>Wh.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 27 - 1898</u>	
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Cass County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Tribby</u>	
13b. MOTHER'S MAIDEN NAME <u>Ida Daniel</u>		14. NAME OF HUSBAND OR WIFE <u>Richard E. Morrison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Richard E. Morrison</u>		ADDRESS <u>Freeman 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno Carcinoma of Lt. Breast with Metastasis</u> 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 _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. INTERVAL BETWEEN ONSET AND DEATH _____		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>Sept. 13, 1948</u> , to <u>Oct 30, 1950</u> , that I last saw the deceased alive on <u>Oct. 27, 1950</u> , and that death occurred at <u>12:42 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul H. Green, D.O.</u>		23b. ADDRESS <u>Harrisonville, Mo.</u>	
23c. DATE SIGNED <u>11-1-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 1 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Freeman Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wannerburger</u>	
25. ADDRESS <u>Harrisonville</u>		DATE REC'D BY LOCAL REG. <u>Nov. 1, 1950</u>	
REGISTRAR'S SIGNATURE <u>Louise Jones</u>		51	

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

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(Licensed Embalmer's Statement on Reverse Side)



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 _____

Ernest R. Pennington

Licensed Embalmer No. 33680

P. O. Address Harrisonville, 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.