

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 3 1950

State File No. **33132**
Registrar's No. **43**

BIRTH NO. _____		REG. DIST. NO. <u>114</u>	PRIMARY REG. DIST. NO. <u>4186</u>	Registrar's No. <u>43</u>
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)		
a. COUNTY <u>FRANKLIN</u>		a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>		
b. CITY OR TOWN <u>SULLIVAN</u>		c. CITY OR TOWN <u>SULLIVAN</u> d. STREET ADDRESS <u>0</u>		
c. LENGTH OF STAY (in this place)		e. (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. (If rural, give location)		
3. NAME OF DECEASED		4. DATE OF DEATH		
a. (First) <u>CHAS.</u>		b. (Middle) <u>E</u> c. (Last) <u>MORRIS</u>		
(Type or Print)		Month <u>Oct</u> Day <u>22</u> Year <u>1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOV. 10 1871</u>	9. AGE (In years last birthday) <u>79</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>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>JOHNATHON MORRIS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY VANLEER</u>		14. NAME OF HUSBAND OR WIFE <u>ALVENA MORRIS</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>THOS. E. MORRIS</u>
				ADDRESS <u>ST. LOUIS, MO</u>
18. CAUSE OF DEATH		MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		b. ANTECEDENT CAUSES <u>four bleed - red -</u>		
		c. DUE TO (b) <u>four bleed - red -</u>		
		d. DUE TO (c)		
		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>4201</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) <u>Nat.</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Meramec Franklin MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____ m., from the causes and on the date stated above.				
22a. SIGNATURE <u>Thos. E. Morris</u>		23b. ADDRESS <u>Coroner Sullivan MO</u>		23c. DATE SIGNED <u>11/22/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOOF CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. CLAIR, MO</u>
24b. DATE <u>OCT 21 1950</u>		24e. REGISTRAR'S SIGNATURE <u>Chas. E. Kerof</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. E. Kerof</u>
DATE REC'D BY LOCAL REG. <u>10-23-50</u>		REGISTRAR'S SIGNATURE <u>Chas. E. Kerof</u>		ADDRESS <u>ST. CLAIR, MO</u>

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV - 1 1950

RECEIVED

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 _____

Licensed Embalmer No. 3601

P. O. Address St. Louis, 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.