

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34275

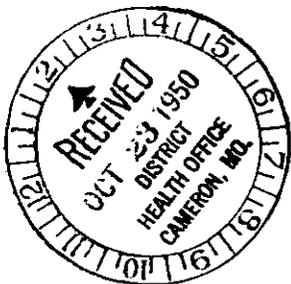
State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5853 Registrar's No. 210

740
3

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town) Polk - rural		c. CITY (If outside corporate limits, write RURAL and give township) Maryville - rural 0746	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5 miles northeast	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway No. 27			
3. NAME OF DECEASED (Type or Print) a. (First) DONALD		b. (Middle) GERALD	
c. (Last) MOREHOUSE		4. DATE OF DEATH (Month) (Day) (Year) 10 13 50	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 1/19/40
9. AGE (In years last birthday) 10		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pupil		10b. KIND OF BUSINESS OR INDUSTRY grade school	
11. BIRTHPLACE (State or foreign country) Pickering, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert Prickett Morehouse		13b. MOTHER'S MAIDEN NAME Mildred Vinzant	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Albert P. Morehouse, Maryville,	
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) Accident (struck by Fracture skull automobile)	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 68124 25	
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 no operations	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) Highway	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Polk Twp / Nodaway Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-13-1950 11:30 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Struck by automobile			
22. I hereby certify that I attended the deceased from not attended , to Oct. 13, 1950 , that I last saw the deceased alive on not seen , and that death occurred at 11:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. E. Dean M.D. Coroner 3		23b. ADDRESS Maryville, Missouri	
23c. DATE SIGNED 10-16-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/16/50	
24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
DATE REC'D BY LOCAL REG. 10-21-50		REGISTRAR'S SIGNATURE Bess Holt 229	
25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.		ADDRESS	



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 _____

Robert L. Souther

Licensed Embalmer No. 4782

P. O. Address _____

Marionville, 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.