

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36810

FILED DEC 13 1950

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 95

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethany
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks.
In this community 34 yrs. (Specify whether years, months or days)

3: (a) PRINT FULL NAME Lewis Riley Morris
(b) If veteran name war no
(c) Social Security No. no

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maney Jean Morris
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov-29-1870
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 4
If less than one day hr. min.

9. Birthplace Dewitt Co. Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name William Morris

13. Birthplace Dewitt Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Brock

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant E. W. Morris

(b) Address Ridgeway Mo

17. (a) Burial (b) Date thereof Dec-6-1950
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director Robert W. Baggett
(b) Address Ridgeway Mo

19. (a) 12/8/50 (b) Zola Burrell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 West Ridgeway, 0410
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 3
year 1950 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from NOVEMBER 20, 1950 to DECEMBER 3, 1950
that I last saw h. i. m. alive on DECEMBER 3, 1950
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia - (

Due to Fracture right Femur - Hip -

Due to 64

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 11/20/1950

(c) Where did injury occur? Home Bethany-Harrison-Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? (Specify type of place) (e) Means of injury Fall

23. Signature W. F. Prayler (M. D. or other)
Address Bethany Mo Date signed 12/4/50

Duration

6 days

23 days

3 1/2

9

PHYSICIAN

Underline the cause to which death should be charged statistically.



VS APR 21 1960

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 Me.

....., Registered Apprentice No.
working under my personal supervision.

Signed Robert R. Boyers,
Licensed Embalmer No. 93-76.
P. O. Address Redaway on

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.