

300  
0.48

90

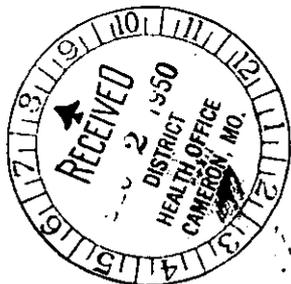
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37683

|   |  |  |                                   |   |                   |   |           |  |
|---|--|--|-----------------------------------|---|-------------------|---|-----------|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 187   |                                   | PRIMARY REG. DIST. NO. 5693   |                   | Registrar's No. 183   |           |  |
| 1. PLACE OF DEATH<br>a. COUNTY Livingston   |  |  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY: Livingston   |                   |   |           |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blue Mound   |  | c. LENGTH OF STAY (In this place) 20 yrs   |                                   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Blue Mound   |                   | U 590   |           |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 10 miles S.W. Chillicothe   |  |  |                                   | d. STREET ADDRESS (If rural, give location) 10 miles S.W. Chillicothe   |                   |   |           |  |
| 3. NAME OF DECEASED<br>(Type or Print) Thaddeus   |  |  | a. (First)                        |   | b. (Middle) Morse |   | c. (Last) |  |
| 4. DATE OF DEATH  |  | (Month) (Day) (Year)   |                                   | Nov. 26 1950  |                   |   |           |  |
| 5. SEX Male   |  | 6. COLOR OR RACE White   |                                   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed  |                   | 8. DATE OF BIRTH May 9, 1853  |           |  |
| 9. AGE (In years last birthday) 97  |  | IF UNDER 1 YEAR Months   |                                   | IF UNDER 12 HRS. Hours  |                   | Min.  |           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad laborer  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY |   |                   | 11. BIRTHPLACE (State or foreign country) Trenton, Missouri           |           |  |
| 12. CITIZEN OF WHAT COUNTRY? U.S.   |  | 13a. FATHER'S NAME Thaddeus Morse  |                                   | 13b. MOTHER'S MAIDEN NAME Unknown   |                   | 14. NAME OF HUSBAND OR WIFE Susie Hobbs                               |           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No   |  | 16. SOCIAL SECURITY NO.  |                                   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Morse; Chillicothe, Mo.  |                   |   |           |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  |  |                                   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage<br>INTERVAL BETWEEN ONSET AND DEATH 24 hrs.<br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. 331X |                   |   |           |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |                                   |   |                   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.  |  | 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 _____, 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. |  |  |                                   |   |                   |   |           |  |
| 23a. SIGNATURE (Degree or title) Frances B. Neill L.R.  |  |  |                                   | 23b. ADDRESS Chillicothe Mo   |                   | 23c. DATE SIGNED nov/29/50  |           |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  | 24b. DATE 11-29-50   |                                   | 24c. NAME OF CEMETERY OR CREMATORY Spears   |                   | 24d. LOCATION (City, town, or county) (State) Spickard, Mo.           |           |  |
| DATE REC'D BY LOCAL REG. nov-29/50  |  | REGISTRAR'S SIGNATURE Frances B. Neill   |                                   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Norman Funeral Home; Chillicothe, Mo.  |                   |   |           |  |



**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 E. F. Norman

Licensed Embalmer No. 4036

P. O. Address Chickasha, Mo.

**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.