

No. 300
10.48

FILED JAN 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. 3448

BIRTH NO. 85184-50 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Marshall township 0970	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 4 miles north Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION Putnam Hospital			

3. NAME OF DECEASED (Type or Print) Roy Dean Morrow			4. DATE OF DEATH (Month) (Day) (Year) Jan. 16th, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec. 21st, 1950		9. AGE (In years last birthday) 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Clarence Morrow		13b. MOTHER'S MAIDEN NAME Ellen Frakes		14. NAME OF HUSBAND OR WIFE -----	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Morrow, Marshall, R# 4.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 3 da.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal flu		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid 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 10		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE 20 (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 1-15-1951, to 1-16-1951, that I last saw the deceased alive on 1-16-1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. C. Putnam M.D. (Degree or title)		23b. ADDRESS Marshall Mo		23c. DATE SIGNED 1-17-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Nebo cemetery	
				24d. LOCATION (City, town, or county) (State) Saline County, Mo.	

DATE REC'D BY LOCAL REG. Jan. 18-1951		REGISTRAR'S SIGNATURE Rodney J. Gray 385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CAMPBELL-LEWIS-MARSHALL-MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

9770

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RECEIVED 1-22-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-22-51

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 _____

working under my personal supervision.

Signed _____
Student Embalmer

Student Embalmer No. _____

Signed

Licensed Embalmer No. 4709

P. O. Address Marshall, 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.