

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **3538**

FILED FEB 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **349** PRIMARY REG. DIST. NO. **4513** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY <b>Sullivan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Green Castle</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Green Castle</b>	
c. LENGTH OF STAY (in this place) <b>6 yrs</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home in Green Castle</b>		d. STREET ADDRESS (If rural, give location) <b>No street address</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Jacob</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Morelock</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 22, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 21, 1869</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Enoch Benton Morelock</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Kelley</b>	14. NAME OF HUSBAND OR WIFE <b>Agnes Morelock</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Agnes Morelock, Green Castle, Mo.</b>	ADDRESS <b>Green Castle, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>	DUE TO (b) _____		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>33 X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **March 13, 1949**, to **January 21, 1951**, that I last saw the deceased alive on **January 21, 1951**, and that death occurred at **7:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R.D. Smith</b> (Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Green City, Mo.</b>	23c. DATE SIGNED <b>Jan. 25, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 25, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Castle Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Green Castle, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan. 26, 1951</b>	REGISTRAR'S SIGNATURE <b>Laura M. Batlett</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Kent &amp; Son, Green City, Mo.</b>	ADDRESS _____
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1050

Date Filed:  
District File Number  
DISTRICT HEALTH OFFICE #2  
Date Received: 1-29-51  
FEB 10 1951

Date Received: 1-29-51  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-285  
Date Filed: FEB 6 1951

**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: *Karl R. Kent*

Licensed Embalmer No. 4689

P. O. Address Green City, 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.