

10-48

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3580

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 207

083

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>2 wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> <u>1083</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1104 West Hunter</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>David Charles</u> b. (Middle) <u>Morey</u> c. (Last) <u>Morey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 2 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>12-18-1860</u>		9. AGE (In years last birthday) if UNDER 1 YEAR: Months <u>0</u> Days <u>15</u> if UNDER 1 MRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Earleville Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Paul A. Morey</u>		13b. MOTHER'S MAIDEN NAME <u>Berach Morey Nagadome</u>		14. NAME OF HUSBAND OR WIFE <u>Widower</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul A. Morey</u> ADDRESS <u>Nevada Mo.</u>	

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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis 4 year</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>336X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
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19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Dec 17, 1950, to Jan 2, 1951, that I last saw the deceased alive on Jan 2, 1951, and that death occurred at 3:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. J. Seay M.D.</u>		23b. ADDRESS <u>Nevada Mo.</u>		23c. DATE SIGNED <u>1-5-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Removal Hk.</u>		24d. LOCATION (City, town, or county) (State) <u>Merietta Illinois</u>	
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DATE REC'D BY LOCAL REG. <u>Jan. 15-1951</u>		REGISTRAR'S SIGNATURE <u>Nathura H. Young</u>		331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Kemp</u> ADDRESS <u>Nevada Mo.</u>	
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**DIVISION OF HEALTH OF MO.**

District No. 5 - Springfield

RECEIVED **JAN 18 1968**

Dist. File 101-129

Date Filed 1-18-68

**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 Allen T. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.