

FILED MAR 11 1951
0013

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3661

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 300 0		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ADAIR			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KIRKSVILLE		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRASHEAR Mo 0010			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1025 N. DON ST				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) MYRTLE			b. (Middle) IRENE			c. (Last) MOREHEAD	
4. DATE OF DEATH (Month) (Day) (Year) MARCH 2 1951		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH DEC. 21, 1881		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) ADAIR CO. MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ALBERT S FORQUER			13b. MOTHER'S MAIDEN NAME PIRENA THRASHER			14. NAME OF HUSBAND OR WIFE CHARLES W. MOREHEAD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS KATHERINE HARBUR KIRKSVILLE MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. - It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure					INTERVAL BETWEEN ONSET AND DEATH 1 yr
		ANTECEDENT CAUSES* Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Stenosis					10 yrs
		DUE TO (c) Endocarditis (Rheumatic)					20 yrs
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Debility					410X
19a. DATE OF OPERATION		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)		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 2-22, 1951 to 3-2, 1951 , that I last saw the deceased alive on 3/2, 1951 , and that death occurred at 5:55 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title)			23b. ADDRESS 2102 Kirkville, Mo.			23c. DATE SIGNED 3/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/5 1951		24c. NAME OF CEMETERY OR CREMATORY BULLION		24d. LOCATION (City, town, or county) (State) 6 MI WEST BRASHEAR MO	
DATE REC'D BY LOCAL REG. 3-5-51		REGISTRAR'S SIGNATURE Kate Lambert			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bob Eastoff Hurdland Mo		

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

Date Received: MAR 10 1951
DISTRICT HEALTH OFFICE #2
District File Number 3-31-527
Date Filed: MAR 10 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 Geo. B. Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.