

FILED MAR 6 1951
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STANDARD CERTIFICATE OF DEATH

State File No. 3714

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mount Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Pleasant township</u>	
c. LENGTH OF STAY (in this place) <u>10 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles North West of Pikeville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>910 Fourth St</u>			

3. NAME OF DECEASED a. (First) <u>SIMEON</u> b. (Middle) <u>CORREL</u> c. (Last) <u>MORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10, 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 23, 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>6</u> <u>12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State of foreign country) <u>Sevier County, Ark.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Anthony</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Wallbridge</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>Simon Norman Morris</u>	
				ADDRESS <u>Wentworth</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic cardio-renal disease</u>		<u>20 yrs</u>
	DUE TO (c) <u>Auricular fibrillation & cardiac decompensation</u>		<u>8 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4 1/2 X</u>	

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)
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 Nov 13, 1950, to Feb 10, 1951, that I last saw the deceased alive on Feb 8, 1951, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Spears, M.D.</u>	23b. ADDRESS <u>Pikeville, Mo</u>	23c. DATE SIGNED <u>2-10-51</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 12 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garcon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Garcon, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-20-51</u>	REGISTRAR'S SIGNATURE <u>W. M. West</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thicko</u>	ADDRESS <u>Bevan Pikeville, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAR 2 1957

Dist. File 351-426

Date Filed 3-2-57

MAR 6 1957

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, only

Edwin J. Wilks

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Edwin J. Wilks

Licensed Embalmer No.

4131

P. O. Address

June City

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.