

Dr. McHaney

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16015**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3016** Registrar's No. **124**

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1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>	
c. LENGTH OF STAY (in this place) <b>18 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1326 St. Mary's Blvd</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>	b. (Middle) <b>Alonzo</b>	c. (Last) <b>Morris</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 10 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>Aug-5-1906</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisor Employment security</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>security</b>	11. BIRTHPLACE (State or foreign country) <b>Lockwood, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Marvin Morris</b>	13b. MOTHER'S MAIDEN NAME <b>Quinnie Sawyer</b>	14. NAME OF HUSBAND OR WIFE <b>Virginia Morris</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Virginia Morris</b>	ADDRESS <b>Jefferson City, Mo</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Thrombosis</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 _____	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) <b>4201</b>
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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? _____
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22. I hereby certify that I attended the deceased from **May 2<sup>nd</sup> 1951**, to **May 10<sup>th</sup> 1951**, that I last saw the deceased alive on **May 10<sup>th</sup> 1951**, and that death occurred at **9:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John W. McHaney M.D.</b>	(Degree or title) _____	23b. ADDRESS <b>Jefferson City, Mo</b>	23c. DATE SIGNED <b>5/10/51</b>
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24a. BURIAL/CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May-12-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Michaels Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Brookfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>May 12-1951</b>	REGISTRAR'S SIGNATURE <b>R.P. Davis M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John G. Lewis</b>	ADDRESS <b>Jefferson City, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-16-51 \_\_\_\_\_

TEST 92 701

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 *Joseph L. Ford*

Licensed Embalmer No. 2786

P. O. Address *Jefferson 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.