S. No. 300
v. 10-48

FILED JUL 19 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22568

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4164 Registrar's No. 56

0310
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Corr. by aff.
July 20, 1951

**1. PLACE OF DEATH**
a. COUNTY: Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Altamont
c. LENGTH OF STAY (In this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ---

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Altamont 0310
d. STREET ADDRESS (If rural, give location): --- 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Jonathan
b. (Middle): Ethelbert
c. (Last): Morris, Jr.

**4. DATE OF DEATH** (Month) (Day) (Year): July 3 1951

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married 0
**8. DATE OF BIRTH**: Apr. 25 1881
**9. AGE** (In years last birthday): 70 | IF UNDER 1 YEAR: Months 1 Days | IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farm Hand
**11. BIRTHPLACE** (State or foreign country): Daviess County Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Jonathan Morris
**13b. MOTHER'S MAIDEN NAME**: Deborah Jane Newell
**14. NAME OF HUSBAND OR WIFE**: ---

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): Yes Spanish-American
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Sarah B. Kreameir
**ADDRESS**: Altamont Mo.

**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) Coronary Embolus
ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Bronchitis

INTERVAL BETWEEN ONSET AND DEATH: Died Suddenly

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4201
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June 30 1951, *to* July 3, 1951, *that I last saw the deceased alive on* July 1, 1951, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Fred K Wilson MD
**23b. ADDRESS**: Winston, MO
**23c. DATE SIGNED**: July 4-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 8 ~~7-6~~-1951
**24c. NAME OF CEMETERY OR CREMATORY**: Civil Bend ~~Muddy~~ Cemetery
**24d. LOCATION** (City, town, or county) (State): Daviess Co. Missouri

**DATE REC'D BY LOCAL REG.**: 13 July 1951
**REGISTRAR'S SIGNATURE**: Virginia M Engelhart 81
**25. FUNERAL DIRECTOR'S SIGNATURE**: L. O. Dickerson
**ADDRESS**: Hope Funeral Home, Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 16 1951
DISTRICT HEALTH OFFICE
CAMERON, MO.

## 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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed L. O. Richeson

Signed _____
Student Embalmer

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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.

State of Missouri
County of Daviess } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

**AFFIDAVIT FOR CORRECTION OF A RECORD**

State File No. 22568
Local Registrar's No. 56

On this 17 day of July, 1951, before me appears L. O. Richesson, who, upon his oath, states that the original record of ~~birth~~ death for Jonathan Ethelbert Morris, Jr. ~~born~~ died July 3, 1951 in the State of Missouri, and which was filed at Gallatin, Daviess Co July 13 51 should be corrected as follows:

Item No. 24b should read 7-8-1951
Instead of 7-6-1951

Item No. 24c should read Civil Bend Cemetery
Instead of Muddy Cemetery

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant L. O. Richesson — Relationship: Funeral Director

Gallatin, Missouri
Present Address.

Subscribed and sworn to before me this 17th day of July, 1951

My Commission expires Aug. 25-1954 — Ethel Manning, Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1951

n V. S. 135
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