

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23560**

BIRTH NO. 124		REG. DIST. NO. 174		PRIMARY REG. DIST. NO. 3035		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. LENGTH OF STAY (In this place) 64 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		0542	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lexington Memorial Hospital				d. STREET ADDRESS (If rural, give location) 1910 South Street			
3. NAME OF DECEASED (Type or Print) a. (First) GUY		b. (Middle) THORNTON		c. (Last) MORRISON		4. DATE OF DEATH (Month) (Day) (Year) July 8 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH August 21, 1887	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 10		IF UNDER 24 HRS. Hours 17		IF UNDER 24 HRS. Min. 17	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Parts Store Operator		10b. KIND OF BUSINESS OR INDUSTRY Store owner		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Morrison		13b. MOTHER'S MAIDEN NAME Ella Scott		14. NAME OF HUSBAND OR WIFE Florida Stier			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gay Stier Morrison Lexington Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Parkinsons Disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 350X				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Feb 24, 1947 , to July 8, 1951 , that I last saw the deceased alive on July 8, 1951 , and that death occurred at 3:30p m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Corcoran				23b. ADDRESS 1315 Franklin Ave Lexington Mo.		23c. DATE SIGNED July 10 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 10, 1951		24c. NAME OF CEMETERY OR CREMATORY Maahpeleh		24d. LOCATION (City, town, or county) (State) Lexington Missouri	
DATE REC'D BY LOCAL REG. July 16 1951		REGISTRAR'S SIGNATURE Missouri Seal		FUNERAL DIRECTOR'S SIGNATURE 156 Ernest F. Tempel		ADDRESS Lexington Missouri	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-24-51

AUG 24 1951

AUG 23 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 _____

Thomas Shanon

Student Embalmer No. 427

working under my personal supervision.

Signed *Thomas V. Shanon*
Student Embalmer

Signed

Leo McKean

Licensed Embalmer No. 2983

P. O. Address *Lehigh Valley*

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.