S. No. 300
V. 10.48

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23849

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 80

0732

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEOSHO
c. LENGTH OF STAY (In this place): 4 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1216 COMMERCIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NEWTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEOSHO 0732
d. STREET ADDRESS (If rural, give location): 1216 COMMERCIAL

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): T
c. (Last): MORRIS

4. DATE OF DEATH (Month) (Day) (Year): JUNE 29-51

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: 8-6-1855
9. AGE (In years last birthday): 95
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NO RECORD
10b. KIND OF BUSINESS OR INDUSTRY: NO RECORD
11. BIRTHPLACE (State or foreign country): ALBINON MICHIGAN
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN MORRIS
13b. MOTHER'S MAIDEN NAME: ANNA PARKER
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: RECORDS
ADDRESS:

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): Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH:

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. Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 442X
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 1, 1951, *to* June 29, 1951, *that I last saw the deceased alive on* 6-28, 1951, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. Reynolds MD (Degree or title)
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: 7-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: 7/2/51
24c. NAME OF CEMETERY OR CREMATORY: ELMWOOD CREMATORY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MO

DATE REC'D BY LOCAL REG.: July 10, 1951
REGISTRAR'S SIGNATURE: Melvin C. Bowman
25. FUNERAL DIRECTOR'S SIGNATURE: HURLBUT-GLOVER
ADDRESS: JOPLIN

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer [redacted]

District File Number 751-165

Date Filed 7/30/51

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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 ROBERT F. BOYER, working under my personal supervision.

Student Embalmer No. 430

Signed Robert F. Boyer
Student Embalmer

Signed Kenneth A. Hicks

Licensed Embalmer No. 4823

P. O. Address Joplin 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.