No. 300
10.48

FILED AUG 10 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24133

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4451 Registrar's No. 228

910
1

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: RIPLEY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAYLOR 0910
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): JOSEPHINE
c. (Last): MORRISON

4. DATE OF DEATH (Month) (Day) (Year): 7-13-1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 4-24-1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 2, Days 19 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MT. VERNON, ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: WILLIAM BODINE
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: JOHN A. MORRISON (DECEASED)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): X — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S SIGNATURE OR NAME: MRS ELVIE BODINE — ADDRESS: 1612 R So. 11th POPLAR BLUFF, 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): Cronary Heart Disease
Treated by Dr. H E White

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gall Stones
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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 584X
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 _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 3-45 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J E Williams (Coroner)
23b. ADDRESS: Doniphan Mo
23c. DATE SIGNED: 7-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-14-51
24c. NAME OF CEMETERY OR CREMATORY: NAYLOR CEMETERY
24d. LOCATION (City, town, or county) (State): NAYLOR, MO.

DATE REC'D BY LOCAL REG.: 7-14-51
REGISTRAR'S SIGNATURE: E D Johnston 277
25. FUNERAL DIRECTOR'S SIGNATURE: None — ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 9 1951
DISTRICT HEALTH OFFICE No. C
File No.....

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.