

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25890

FILED AUG 1 1951

Registrar's No. 56

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4497		State File No. 25890	
1. PLACE OF DEATH a. COUNTY <b>Shelby</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarence</b>		c. LENGTH OF STAY (In this place) <b>11 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarence</b>		1020	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Morris</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 20th 1951</b>				
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>Nov 5th 1872</b>		9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Macon Co Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Silas Morris</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Reese</b>		14. NAME OF HUSBAND OR WIFE <b>Mabel Morris Clarence Mo</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b></b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Mabel Morris Clarence Mo.</b> ADDRESS <b></b>				
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) <b>acute Myocardial Failure</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Hypertensive Heart Disease</b> DUE TO (c) <b></b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>5 minutes</b>  <b>5 Years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>443X</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <b>June</b> , 19 <b>45</b> , to <b>July 20</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>July 20</b> , 19 <b>51</b> , and that death occurred at <b>8:30 A. M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>B. L. Edrington D.O.</b> (Degree or title)				23b. ADDRESS <b>Clarence, Mo.</b>		23c. DATE SIGNED <b>7/23/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/22/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bethel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Macon Co Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7-24-51</b>		REGISTRAR'S SIGNATURE <b>Ada Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkeley &amp; Hawkins</b>		ADDRESS <b>Clarence Mo.</b>	

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

020  
1

MAR 28 1952

MAR 28 1952

Date Received: JUL 30 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-51-1355  
Date Filed: JUL 30 1951

AUG 7 1952

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

*Quary G. Barkley*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3835

P. O. Address *Shelburne 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.