

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29386**  
REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **147**

**FILED OUT 0 1951**

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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico</b>	
c. LENGTH OF STAY (In this place) <b>28 days</b>		d. STREET ADDRESS (If rural, give location) <b>218 S. Cole St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALLIE</b>		b. (Middle) <b>LOGKE</b>	
		c. (Last) <b>MORRIS</b>	
		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 27, 51</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 17, 1878</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work as in the usual course of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	
11. BIRTHPLACE (State or foreign country) <b>Mexico, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Pelides E. Locke</b>		13b. MOTHER'S MAIDEN NAME <b>Martha O'Rear</b>	
14. NAME OF HUSBAND OR WIFE <b>Fred A. Morris</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Fred A. Morris, Mexico, Mo.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Rheumatic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>40 years</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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) _____		<b>416XH</b>	
II. OTHER SIGNIFICANT CONDITIONS		6 months	
Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchogenic Carcinoma -</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Minute)		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>May 1948</b> , to <b>9/26 1951</b> , that I last saw the deceased alive on <b>9/26 1951</b> , and that death occurred at <b>3 a m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>O. H. Garcia M.D.</b> (Degree or title)		23b. ADDRESS <b>Mexico, Mo.</b>	
23c. DATE SIGNED <b>9/27/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 28, 51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Sept 28 1951</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul T. ...</b>		ADDRESS <b>Mexico, Mo.</b>	

APR 30 1957

SEP 4 1952

Date Received: OCT 5  
DISTRICT HEALTH OFFICE #2  
District File Number 10-57-1764  
Date Filed: OCT 5

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed Ralph L. Luester Jr.  
Licensed Embalmer No. 4687

P. O. Address Mexico, 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.