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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30108**

FILED OCT 2 1951

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) West Plains		c. CITY (If outside corporate limits, write RURAL and give township) West Plains, Mo.	
c. LENGTH OF STAY (in this place) 22 yrs		d. STREET ADDRESS (If rural, give location) 1131 Cass Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence			

3. NAME OF DECEASED (Type or Print) SOLOMON ALEXANDER MORRISON			4. DATE OF DEATH Sept. 9, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 9, 1873		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surveyor		10b. KIND OF BUSINESS OR INDUSTRY for County		11. BIRTHPLACE (State or foreign country) Summershade, Kentucky /	
10c. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Solomon Moody Morrison		13b. MOTHER'S MAIDEN NAME Susan Glass		14. NAME OF HUSBAND OR WIFE Nancy B. Morrison	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Van. Cochran, West Plains, Mo.	
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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) <u>Acute Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Atherosclerosis</u> DUE TO (c) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophy of Prostate</u>			

19a. DATE OF OPERATION 8-18-51		19b. MAJOR FINDINGS OF OPERATION <u>Prostatectomy (Hypertrophy of Prostate)</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 July, 1939, to Sept 9, 1951, that I last saw the deceased alive on Sept 7, 1951, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. C. Bohrer, M.D.</u>		23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>9-16-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sep. 11, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24d. LOCATION (City, town, or county) (State) West Plains, Mo.	
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DATE REC'D BY LOCAL REG. 9-18-51		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Plains, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

SEP 24 1951

Dist. File

Date Filed

951-1219
9-28-51

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, ~~and~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Hal Thourmond

Licensed Embalmer No.

3408

P. O. Address

W. Plaine, i

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.