

FILED NOV 15 1951

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 32518

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3005		Registrar's No. 114	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Homer Twp. - Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>A</u> c. (Last) <u>Morwood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1951</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar Single</u>	8. DATE OF BIRTH <u>Jan. 29, 1903</u>		9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Bates Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alexander Morwood</u>		13b. MOTHER'S MAIDEN NAME <u>Lulu Schlichman</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Morwood</u> ADDRESS <u>Amsterdam, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL FAILURE WITH CIRCULATORY COLLAPSE</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC FIBROSIS LUNGS WITH CYSTIC EST. SYRS DISEASE AND EMPHYSEMA</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MITRAL REGURGITATION</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 WEEK</u>  <u>UNDET.</u>
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) <u>525x</u>			
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 <u>JAN 15, 1951</u> , to <u>NOV. 6, 1951</u> , that I last saw the deceased alive on <u>NOV. 6, 1951</u> , and that death occurred at <u>3:20 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John M. Cooper M.D.</u>				23b. ADDRESS <u>Butler Missouri</u>		23c. DATE SIGNED <u>10-7-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mulberry</u>		24d. LOCATION (City, town, or county) (State) <u>Bates Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>NOV. 8-51</u>		REGISTRAR'S SIGNATURE <u>Hendall Rungo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Margold - Amsterdam, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 14 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 14 1951

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

*L. G. Mangold*

Licensed Embalmer No. 6610

P. O. Address Amsterdam 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.