

5. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37994

State File No. _____

FILED DEC 3 1951

BIRTH NO. _____ REG. DIST. NO. 388 PRIMARY REG. DIST. NO. 4280 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Lamar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lamar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>State City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>State City</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HOYETTE</u>	b. (Middle) <u>WRIGHT</u>	c. (Last) <u>MORRIS</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>Nov 25 1951</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 13 1919</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months <u>12</u>	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Cl Morris</u>	13b. MOTHER'S MAIDEN NAME <u>Chessie Rosen</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
-------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>USA World War 2</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Morris</u>	ADDRESS <u>State City, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Abt 1 hr</u> <u>?</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastric Ulcer</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		<u>5401</u>

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 <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 Saw - just at death, that I last saw the deceased alive on _____, 19____, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. P. Johnson</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Int Vernon Mo</u>	23c. DATE SIGNED <u>11-26-51</u>
---	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-28-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>2 mi S State City Mo</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>11-28-51</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H L Fossett</u>	ADDRESS <u>Int Vernon Mo</u>
--	--	---	------------------------------

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

HEALTH DEPT.
Springfield

OCT 29 1952

Date Filed 11-29-52

JAN 2 1952

OCT 29 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. L. Fossitt

Licensed Embalmer No. 2201

P. O. Address mt Vernon 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.