

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3945

State File No.

FILED MAR 11 1952

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>8000</u>		Registrar's No. <u>21</u>	
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)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>		0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>MORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>		8. DATE OF BIRTH <u>Jan 22-1876</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (If under 1 year) Months <u>1</u> Days <u>6</u> Hours _____ Min. _____	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.B.</u>				
13a. FATHER'S NAME <u>James Lee Morris</u>			13b. MOTHER'S MAIDEN NAME <u>Jemima Stumpf</u>		14. NAME OF HUSBAND OR WIFE <u>Johnnie Belle Morris</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Rhodes</u> ADDRESS <u>1081 1/2 N. 1st St. Butler, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia following flu</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary & Asthma</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"/>	
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)		480X	
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 <u>Feb. 21, 1952</u> , to <u>Feb. 27, 1952</u> , that I last saw the deceased alive on <u>Feb. 27, 1952</u> , and that death occurred at <u>2:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Robinson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Adrian, Mo.</u>		23c. DATE SIGNED <u>2-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-5-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurens Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 3-52</u>		REGISTRAR'S SIGNATURE <u>Rendall Kory</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leath & Simpson</u>		ADDRESS <u>Adrian Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

071
0

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.....
Student Embalmer

Signed..... *Leblin*

Licensed Embalmer No. *3650*

P. O. Address *Adrian 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.