No. 300
10.48

FILED MAY 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13689

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: NEWTON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEST BENTON TOWNSHIP
c. LENGTH OF STAY (In this place): 77 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US ARMY HOSPITAL, CP CROWDER, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: OKLAHOMA
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MIAMI
d. STREET ADDRESS (If rural, give location): 2213B NORTH EAST, BOX 61

730
0
8350
0

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): W.
c. (Last): MORRIS

4. DATE OF DEATH (Month) (Day) (Year): April 22, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 21 July 1905
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 0, Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): US ARMY
10b. KIND OF BUSINESS OR INDUSTRY: US ARMY
11. BIRTHPLACE (State or foreign country): POTEAU, OKLAHOMA
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME:
13b. MOTHER'S MAIDEN NAME:
14. NAME OF ~~HUSBAND~~ OR WIFE: Georgia O. Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 1931 to present date.
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS:

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma cecum — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cachexia, malnutrition

19a. DATE OF OPERATION: Nov. '48
19b. MAJOR FINDINGS OF OPERATION: Widespread carcinoma 153X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. *, 19* 51 *, to* April *, 19* 52 *, that I last saw the deceased alive on* April 22 *, 19* 52 *, and that death occurred at* 1230 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. J. Capers III, MC
23b. ADDRESS: USAH Camp Crowder
23c. DATE SIGNED: 22 April

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-23-52
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Holdenville, Okla.

DATE REC'D BY LOCAL REG.: 4-23-52
REGISTRAR'S SIGNATURE: Melvin C. Bowman M.D. 223-0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Early Thompson Jr. Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No.
District File Number 252-71
Date Filed MAY 5 1952

NEWTON COUNTY HEALTH UNIT
NEOSHO, MISSOURI

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 Carly T. Thompson Jr.
Licensed Embalmer No. 4861
P. O. Address Neosho, 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.