

APR 18 1952

STANDARD CERTIFICATE OF DEATH

State File No. 13748

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5904 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BUTLER		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BUTLER 07810	
d. FULL NAME OF HOSPITAL OR INSTITUTION No.		d. STREET ADDRESS (If rural, give location) 3 Miles S. E. of Portageville	
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Morris	
c. (Last) Morris		4. DATE OF DEATH (Month) (Day) (Year) 4/4/1952	
5. SEX M	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March, 1866
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months	IF UNDER 6 MOS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Labor		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S. A.		13a. FATHER'S NAME Unk.	
13b. MOTHER'S MAIDEN NAME Mary Ann Ward		14. NAME OF HUSBAND OR WIFE Susie Morris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. No.	
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Willie Ward Lela, Miss.			
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) <i>Gastritis of Stomach</i> INTERVAL BETWEEN ONSET AND DEATH 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151X	
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) Portageville, New Madrid, Mo.			
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 <i>Mar 25</i> , 1952, to <i>April 4</i> , 1952, that I last saw the deceased alive on <i>Mar 25</i> , 1952, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <i>John W. German, Jr. M.D.</i> (Degree or title)		23b. ADDRESS <i>Portageville, Mo.</i>	
23c. DATE SIGNED <i>4-7-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4/6/52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Portageville,</i>		24d. LOCATION (City, town, or county) (State) <i>Portageville, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>4-16-52</i>		REGISTRAR'S SIGNATURE <i>John W. German 406</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Richards Und't Co.</i>		ADDRESS <i>New Madrid, Mo.</i>	

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

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4-52-130
Rec 16 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

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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 Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address New Madrid, 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.