

JUL 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23406**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **110**

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

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. CITY (If outside corporate limits, write RURAL and give township) Nevada 1082	
c. LENGTH OF STAY (in this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 322 South Tucker	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) H.	c. (Last) Morris	4. DATE OF DEATH (Month) (Day) (Year) June 21 1952
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5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 23 1871	9. AGE (in years) (last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 Mths. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Conductor	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wesley Morris	13b. MOTHER'S MAIDEN NAME Mary McKinley	14. NAME OF HUSBAND OR WIFE Mattie Gordon Morris
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mattie Gordon Morris	ADDRESS 322 S. Tucker Nevada, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH no days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis 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 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-17**, 1952 to **6-21**, 1952, that I last saw the deceased alive on **6-20**, 1952, and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Elbert A. Carter, M.D.	(Degree or title)	23b. ADDRESS Nevada, Mo	23c. DATE SIGNED 6-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 23 1952	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Chanute Kansas
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DATE REC'D BY LOCAL REG. 6-24-1952	REGISTRAR'S SIGNATURE Anna E. Ferry	25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home	ADDRESS Nevada, Missouri
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JUN 17 1952

JUN 6 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Jerada, 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.