S. No. 300
v. 10-48

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24011

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 76

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

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boonville
c. LENGTH OF STAY (in this place): 11 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2079
d. STREET ADDRESS (If rural, give location): 4927 Arlington Ave.

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

4. DATE OF DEATH (Month) (Day) (Year): July 30, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: AUG. 13 ~~10-16-1919~~ 1920
9. AGE (In years last birthday): ~~32~~ 31 — IF UNDER 1 YEAR: Months 11 Days 14 — IF UNDER 24 HRS.: Hours 17 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Roadway Express
11. BIRTHPLACE (State or foreign country): Indiana 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Casper James Morris
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Aretha Jencks Morris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 307-18-68159
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Aretha Morris, above

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) Generalized 2nd & 3° burns — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____ E8190 31

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Laceration of scalp — 10 hrs

19a. DATE OF OPERATION: ~~None~~ 7/30
19b. MAJOR FINDINGS OF OPERATION: Laceration of scalp. 6115
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ~~Hoop~~ Howard - Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-30-52 1:30 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Truck collided c bridge & exploded

22. *I hereby certify that I attended the deceased from* 7/30, 1952 *to* 7/30, 1952, *that I last saw the deceased alive on* 7-30-, 1952, *and that death occurred at* 11:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], M.D.
23b. ADDRESS: Boonville, Mo.
23c. DATE SIGNED: 7-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 11
24b. DATE: 7-30-52
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Ceme.
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 7-30-52
REGISTRAR'S SIGNATURE: D. E. Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Goodman & Boller, 517 Fourth St. Boonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1952

AUG 25 1953

AUG 2 1954

MAR 10 1955

FEB 17 1954

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.

Not Embalmed

Student .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City of St. Louis

State File No. 24011

Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 1st day of August, 1952, before me appears Aretha Morris, who, upon her oath, states that the original record of death for Clifford Raymond Morris, died July 30th, 1952 in the State of Missouri, and which was filed at Boonville, Mo. on July 31, 1952 should be corrected as follows:

Item No. 8 should read Aug. 13, 1920
Instead of Oct. 16, 1919

Item No. 9 should read Age: 31 yrs. 11 mo. 17 da.
Instead of 32 yrs. 9 mo. 14 da.

Item No. 16 should read 307-18-68159
Instead of blank

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Aretha Morris Widow
Relationship.

4927 Arlington Ave.
St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 1st day of August, 1952.

My Commission expires 10-23-1954

Ruth E. Evans Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—8-43
I X37817

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