

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28594**

No. 300
10-48

FILED AUG 18 1952

BIRTH NO. 52341		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4258		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY Knott				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Scotland			
b. CITY OR TOWN Edina		c. LENGTH OF STAY (In this place) 10 hrs		c. CITY OR TOWN Rutledge		0990	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gifson Hospital				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) Arlio Leon		a. (First) Arlio		c. (Last) Morrison		4. DATE OF DEATH (Month) (Day) (Year) Aug - 14 - 1952	
5. SEX 0		6. COLOR OR RACE w		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH Aug 13 - 52	
9. AGE (In years) 0		MONTHS 0		DAYS 11		HOURS 11 MIN. 19	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Gifson 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Toby Thomas		13b. MOTHER'S MAIDEN NAME Mildred Morrison		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Arlene Morrison Rutledge Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) premature birth 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.				INTERVAL BETWEEN ONSET AND DEATH 10 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776 x				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)			
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?			
22. I hereby certify that I attended the deceased from 8-13, 1952 to 8-14, 1952 , that I last saw the deceased alive on 8-14, 1952 and that death occurred at 11:50 AM. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature] (Degree or title) W.D.				23b. ADDRESS Edina Mo		23c. DATE SIGNED 8-14-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug-15-1952		24c. NAME OF CEMETERY OR CREMATORY Pauline		24d. LOCATION (City, town, or county) (State) Rutledge Missouri	
DATE REC'D BY LOCAL REG. 8-14-52		REGISTRAR'S SIGNATURE Nelle S. Humolt		25. FUNERAL DIRECTOR'S SIGNATURE Keith Hudson ADDRESS Edina, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

570
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 not.

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina Missouri

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.