

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **35651**
 Registrar's No. **159**

EDUCT 22 1952

BIRTH NO. _____ REG. DIST. NO. **198** PRIMARY REG. DIST. NO. **5740**

0610

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

1. PLACE OF DEATH a. COUNTY Macon, Lingo twp.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Macon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin, Rural, Lingo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin Lingo Twp.	
c. LENGTH OF STAY (in this place) 40		d. STREET ADDRESS (If rural, give location) Route 1.	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print) a. (First) Jerome b. (Middle) W c. (Last) Morris			4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1952		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 19, 1872	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months 7 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (City and State or Foreign Country) Linn Co. Mo.	
				12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME Wilson Morris	13b. MOTHER'S MAIDEN NAME Elizabeth Young	14. NAME OF HUSBAND OR WIFE Ada Morris
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. W. Morris	ADDRESS Bucklin, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Memoria		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardiac Decompensation DUE TO (c) Generalized Arteriosclerosis		2 years 10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blunt trauma			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4500	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **Nov. 1st, 1950**, to **Oct. 4, 1952**, that I last saw the deceased alive on **Oct 4, 1952**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Ralph W. Robinson M.D.	(Degree or title)	23b. ADDRESS 21601 Brookfield Pk.	23c. DATE SIGNED 10/4/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 6, 1952	24c. NAME OF CEMETERY OR CREMATORY Rosehill	24d. LOCATION (City, town, or county) (State) Brookfield, Mo.
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DATE REC'D BY LOCAL REG. 10-11-52	REGISTRAR'S SIGNATURE Josephine King	25. FUNERAL DIRECTOR'S SIGNATURE James McLaughlin	ADDRESS Marceline, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-21-52
MACON COUNTY HEALTH DEPARTMENT
County File No. 10-52-153
Date Filed 10-27-52

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 _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed George W. Dault

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.