

3. No. 300
IV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38246**

DEC 15 1952

037

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

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>5443</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roark Township</u>		c. LENGTH OF STAY (In this place) <u>3 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roark Township</u>		<u>0370</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 miles S.W. of Hermann</u>				d. STREET ADDRESS (If rural, give location) <u>5 miles S.W. of Hermann</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harris</u>		b. (Middle) <u>Fred</u>		c. (Last) <u>Morre</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4 1952</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>11-13-1889</u>		9. AGE (In years last birthday) <u>63</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work describing most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe Factory</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Wm. Morre</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Gieck</u>			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) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-05-5146</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elton Morre, Hermann, Mo.</u>					
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) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>malignant hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>15 yrs</u> <u>10 yrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>					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)		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 <u>Aug 18, 1950</u> , to <u>Dec 4, 1952</u> , that I last saw the deceased alive on <u>Dec 4, 1952</u> , and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. J. Peter, D.O.</u> (Degree or title)				23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>12/5/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-7-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hermann City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>12/11/52</u>		REGISTRAR'S SIGNATURE <u>Norothy Wallace</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugo St. Dennis</u>		ADDRESS <u>Hermann, Mo.</u>			

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.

Student
Student Embalmer

Student Embalmer No. _____
Signed *Hugo R. Plummer*
Licensed Embalmer No. 3160

P. O. Address Hermann, 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.