

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41477

State File No.

FILED DEC 26 1952

BIRTH NO. ... REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 114

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

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>	c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Archie, Austin, Journal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0190</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Connis</u> c. (Last) <u>Morris</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 18-1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 18-1881</u>	9. AGE (In years last birthday) <u>71</u> Months <u>7</u> Days <u>0</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Austin, Cass County Mo., U.S.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Cambus Morris</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Fulkerson</u>	14. NAME OF HUSBAND OR WIFE <u>Mable Morris</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>490-30-3482</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mable Morris</u>	ADDRESS <u>Archie, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>None</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis (Coronary)</u>		
	DUE TO (c) <u></u>		
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	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) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Dec. 14, 1952, to Dec. 17, 1952; that I last saw the deceased alive on Dec. 17, 1952, and that death occurred at 3:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. E. Robinson M.D.</u> (Degree or title)	23b. ADDRESS <u>Adrian Mo.</u>	23c. DATE SIGNED <u>12-20-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 21-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Near Adrian Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 20 1952</u>	REGISTRAR'S SIGNATURE <u>Hendall Ford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Brothers</u>	ADDRESS <u>Archie, Mo</u>
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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

Signed *Floyd C. Harrison* Student Embalmer No.....

Licensed Embalmer No. *3920*

P. O. Address *Harrisonville*

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.