

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41597**

FILED JAN 12 1953

BIRTH NO. **83240** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1383**

1. PLACE OF DEATH a. COUNTY BUCHANAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY BUCHANAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST JOSEPH		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. JOSEPH	
c. LENGTH OF STAY (in this place) 1 1/2 MONTH		91173	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEXLEY HOSPITAL		d. STREET ADDRESS (If rural, give location) 114 So. 12th	

3. NAME OF DECEASED (Type or Print) a. (First) DONALD b. (Middle) WAYNE c. (Last) MORRIS			4. DATE OF DEATH (Month) (Day) (Year) 12-30-52		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT	
8. DATE OF BIRTH 12-30-52		9. AGE (In years last birthday) 7 MONTHS 12 DAYS		10. USUAL OCCUPATION (Give kind of work done during mgt of working life, even if retired) INFANT	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. JOSEPH, MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME DONALD T. MORRIS		13b. MOTHER'S MAIDEN NAME SHIRLEY JEAN MALLORY		14. NAME OF HUSBAND OR WIFE MRS. HAZEL MALLORY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Yes		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. HAZEL MALLORY, City	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH From Birth	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ATALECTASIS		ANTECEDENT CAUSES		DUE TO (b) PREMATURE 7 1/2 MO PREGNANCY	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
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 7625		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 **12-30, 1952**, to **12-30, 1952**, that I last saw the deceased alive on **12-30, 1952**, and that death occurred at **6:45 p.m.**, from the causes and on the date stated above.

23. SIGNATURE C. C. Caster (Degree or title)		23b. ADDRESS 5105 King Hill Ave. St. Joseph, MO.		23c. DATE SIGNED 12-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-2-1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park	
24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS St. Joseph, Mo.			
DATE REC'D BY LOCAL REG. Jan 3, 1953		REGISTRAR'S SIGNATURE Carl C Caster 446		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS St. Joseph, Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

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, ~~only~~.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.