

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ASN: 37383357
R#: 3180

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 558

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter 1031	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. STREET ADDRESS (If rural, give location) 207 W. Castor Street	

3. NAME OF DECEASED (Type or Print) HAROLD a. (First) O. b. (Middle) MORRISON c. (Last)			4. DATE OF DEATH December 10, 1952 (Month) (Day) (Year)		
5. SEX MALE 0		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 0	
8. DATE OF BIRTH Jan. 23, 1898		9. AGE (In years last birthday) 54		10. UNDER 1 YEAR OR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Advertising		11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Indiana	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Harry Morrison		13b. MOTHER'S MAIDEN NAME Nancy E. Finch		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	
17. ADDRESS VA HOSPITAL RECORDS					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Biliary Decompensation					
		ANTECEDENT CAUSES					
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) Laennec's Cirrhosis</p> <p>DUE TO (c) 5811</p>					
		II. OTHER SIGNIFICANT CONDITIONS					
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p>Pulmonary Edema Terminal Pyrogenic liver abscesses</p>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Nov. 30, 1952, to Dec. 10, 1952, ~~that death occurred on the date stated above.~~ and that death occurred at 6:35 P m., from the causes and on the date stated above.

23a. SIGNATURE A. Y. Delaney, M. D. Chief Surgeon Serv. VA Hospital, Poplar Bluff, Mo.		23b. ADDRESS VA Hospital, Poplar Bluff, Mo.		23c. DATE SIGNED 12/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-12-52		24c. NAME OF CEMETERY OR CREMATORY Dexter cemetery	
		24d. LOCATION (City, town, or county) (State) Dexter, Mo.			

DATE REC'D BY LOCAL REG. 12-15-52		REGISTRAR'S SIGNATURE Wm. H. Johnson		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. Dexter, Mo.	
				ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 24 1952
BUTLER CO. HEALTH CENTER

FILE No. 1252-607

DEC 31 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter Marsh Wether

Licensed Embalmer No. 4767

P. O. Address Butte, 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.