

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44398

State File No.

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 3

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>	c. LENGTH OF STAY (If this place) <u>4 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u> <u>0124</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2017 Barron Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilbura</u> b. (Middle) <u>Alex</u> c. (Last) <u>Morrison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-29-52</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 16-1894</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>1</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>Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>	11. BIRTHPLACE (State or foreign country) <u>Jefferson Co. Del.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Marcus Morrison</u>	13b. MOTHER'S MAIDEN NAME <u>Effie Bennett</u>	14. NAME OF HUSBAND OR WIFE <u>Virgie Morrison</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes</u> <u>W.W.I.</u>	16. SOCIAL SECURITY NO. <u>W.W.I.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Virgie Morrison</u>	ADDRESS <u>2017 Barron Road</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>12</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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? <u>1</u>
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22. I hereby certify that I attended the deceased from 12-27, 1952, to 12-29, 1952, that I last saw the deceased alive on Dec 27, 1952, and that death occurred at 11:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Munkin, M.D.</u>	23b. ADDRESS <u>Poplar Bluff, Mo</u>	23c. DATE SIGNED <u>12-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fair Dealing</u>	24d. LOCATION (City, town, or county) (State) <u>Fair Dealing Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-21-53</u>	REGISTRAR'S SIGNATURE <u>Wm H. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Shelby Fauchel</u>	ADDRESS <u>Poplar Bluff Mo.</u>
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RECEIVED
JAN 23 1953
BUTLER CO. HEALTH CENTER
FILE No. 153-32

FEB 3
1953

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 12-27-

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working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Phil A. Jencel

Licensed Embalmer No. 2936

P. O. Address Maple Bluff, Pa.

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.