

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1156**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5462 Registrar's No. 33

5390

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

Knab

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural 2nd Franklin</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural 2nd Franklin 0390</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Rt. #1</b>		d. STREET ADDRESS (If rural, give location) <b>Springfield Rt. #1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MILIE</b>	b. (Middle) <b>ANN</b>	c. (Last) <b>MORELOCK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 11 1953</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>16 Oct. 1869</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>In home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Hough</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Wright</b>	14. NAME OF HUSBAND OR WIFE <b>William S. Morelock</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William Morelock</b>	ADDRESS <b>Springfield, Mo. Rt 1</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		
	ANTECEDENT CAUSES Morbid 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. <b>Fracture left hip</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E9020 039 21</b>	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)
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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? <b>Fell to floor from chair</b>
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22. I hereby certify that I attended the deceased from **Dec 7, 1953**, to **Jan 7, 1953**, that I last saw the deceased alive on **Jan 7, 1953**, and that death occurred at **4:25P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Kenneth E. Knab, M.D.</b>	23b. ADDRESS <b>1630 N. Jefferson</b>	23c. DATE SIGNED <b>14 Jan 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-15-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Belleview</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-15-53</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson Registrar</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. KLINGNER &amp; CO.</b>	ADDRESS <b>Springfield, Mo.</b>
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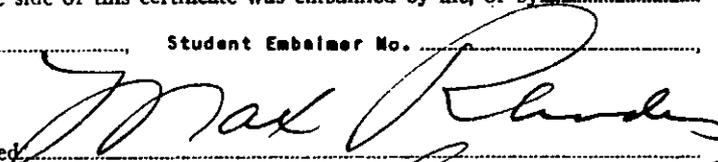
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed 

Licensed Embalmer No. 4071

P. O. Address Longview

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.