

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5541

State File No. _____

No. 300
10-48

FILED FEB 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5463</u>		Registrar's No. <u>140</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Jackson Twp</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL STRAFFORD, Jackson</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JUNSTON OF U.S.#66 & 125</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>0390</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>MORRISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 6, 1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 19 1870</u>		9. AGE (In years last birthday) (If under 1 year: Months) (If under 24 hrs: Hours) (Mts.) <u>72</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL TEACHER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. CHARLES CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOHN SAMUEL MORRISON</u>			13b. MOTHER'S MAIDEN NAME <u>SALEY McCLURE</u>			14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LESLIE E. MORRISON ALTON, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck, crushed chest,</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>eviscerated, compound</u> DUE TO (c) <u>comminuted fracture of both</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>legs.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>039</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S.# 66 & 125</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-6-53 8:15 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto-Pedestrian accident.</u>			
22. I hereby certify that the deceased died from _____ and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. E. Allen Pickens, Coroner</u>				23b. ADDRESS <u>407 Medical Arts Building</u>		23c. DATE SIGNED <u>2-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/10/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ALTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ALTON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-12-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. LOHMEYER SPRINGFIELD, MO.</u>		

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

REC'D FEB 7 1900

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 Lucian T. Swadley

Licensed Embalmer No. 4875

P. O. Address Springfield

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.