

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10805

State File No.

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 3894 Registrar's No. 9

0770
 1

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

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JANONI Pine Creek All Lita</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JANONI Rural Pine Creek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0770</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alpha</u> b. (Middle) <u>Beth</u> c. (Last) <u>Morrison</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 14 1953</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-16-1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse wife Postmistress</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Painesville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>A.C. Luna</u>		13b. MOTHER'S MAIDEN NAME <u>MARtha PATRICK AARON PRESTON MORRISON</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A.P. Morrison JANONI</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u></p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Arterial hypetension</u></p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>					<u>5 hr.</u>
					<u>5 yr.</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 2/21/50, 19 , to 3/14, 1953, that I last saw the deceased alive on 3/14/53, and that death occurred at 1:15Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. J. Tolman DO</u>		23b. ADDRESS <u>Gainesville, Mo</u>		23c. DATE SIGNED <u>3/16/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-16-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smith Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Painesville Rural Mo</u>		DATE REC'D BY LOCAL REG. <u>3-21/53</u>		REGISTRAR'S SIGNATURE <u>Shana Mahan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint King</u>		ADDRESS <u>Emerald Lane Painesville</u>			

APR 20 1956

MAY 20 1956

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 John R. Clurey

Licensed Embalmer No. 4885

P. O. Address Lewisville, 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.