

FILED APR 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12846

XC 16214561  
REG # 108391

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 895

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>ST CLAIR</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>E. ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>45 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>200 N. 11TH STREET</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FINLEY</b> b. (Middle) <b>J.</b> c. (Last) <b>MORRISON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>3-25-53</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>8-29-1900</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OLL BENDER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PETROLEUM</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>NOVA SCOTIA, CANADA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>JOHN D. MORRISON</b>		13b. MOTHER'S MAIDEN NAME <b>JESSE STEELE</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WW 11 087074080</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLISM</b>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>THROMBOPHLEBITIS, LEFT LEG</b>			
		DUE TO (c) <b>CARCINOMA OF STOMACH</b>		Unknown	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>463X H</b>		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) <b>VA m.</b>		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 2-8-53, 1953, to 3-25-53, 1953, and that death occurred at 2:50A m., from the causes and on the date stated above.

23. SIGNATURE <b>C. R. MARKIVEE</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>VAH JEFFERSON BARRACKS, MO.</b>		23c. DATE SIGNED <b>3-25-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVED</b>		24b. DATE <b>3-25-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>	
				24d. LOCATION (City, town, or county) (State) <b>EDWARDSVILLE, ILL.</b>	

DATE REC'D BY LOCAL REG. <b>3-25-53</b>		REGISTRAR'S SIGNATURE <b>Hackett P. Domb-M... P.R.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>SOUTHERN FUNERAL HOME 6322 S. GRAND BLVD.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000

**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

*David Ken Foster*

Licensed Embalmer No. *1242*

P. O. Address *6322 So Grand*

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.