o.300
0.48

FILED MAY 19 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18891

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 165

04
1

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 317 N. Prospect

3. NAME OF DECEASED (Type or Print)
a. (First): Betty
b. (Middle): Ann
c. (Last): Morris

4. DATE OF DEATH (Month) (Day) (Year): May 10 - 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov 19 - 1934
9. AGE (In years last birthday): 18 — If under 1 year: Months 5, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (City and State or Foreign Country): Versailles Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Richard Morris
13b. MOTHER'S MAIDEN NAME: Bonnie Sparks
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs Bonnie Spark - Sedalia Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Nephritis Chronic — 1 year
DUE TO (c): Hypertension, Arterial

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: 592 X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1952, *to* May 10, 1953, *that I last saw the deceased alive on* 10 May, 1953, *and that death occurred at* 3:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P V Siegel MD
23b. ADDRESS: Smithton Mo
23c. DATE SIGNED: 5/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 10-53
24c. NAME OF CEMETERY OR CREMATORY: Glenstead Mo
24d. LOCATION (City, town, or county) (State): Morgan County Mo

DATE REC'D BY LOCAL REG.: 5/13/53
REGISTRAR'S SIGNATURE: A. J. Cumbell MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. F. Kidwell - Versailles, Mo

25-0

(Licensed Embalmer's Statement on Reverse Side)

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 Lane N. Bartram

Licensed Embalmer No. 4021

P. O. Address Jessamine, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.