X
No. 300
10-48

FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22326

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 3048 Registrar's No. 111

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

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryville
c. LENGTH OF STAY (in this place): 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sheridan
d. STREET ADDRESS (If rural, give location): 0740

3. NAME OF DECEASED (Type or Print)
a. (First): LaVurl
b. (Middle): G.
c. (Last): Morrow

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept. 27, 1940
9. AGE (In years last birthday): 13 — If under 1 year: Months / Days — 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: X
11. BIRTHPLACE (City and State or Foreign Country): Grant City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Oral Morrow
13b. MOTHER'S MAIDEN NAME: Fern Gregory
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Oral Morrow--Sheridan, Missouri

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): Hemothorax — INTERVAL BETWEEN ONSET AND DEATH: 4hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Laceration and Compression rt lung — 4 hours
DUE TO (c): and Fracturesof Clavicleand Scapula

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 113
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mo Hwy# 46 ,3miles
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): SE of Sheridan, Worth Co, Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 31, 1953, 3PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto left highway and turned over

22. *I hereby certify that I attended the deceased from* May 31, 1953, *to* May 31 53, *that I last saw the deceased alive on* May 31, 1953, *and that death occurred at* 8 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank B Matteson Md MD
23b. ADDRESS: Grant City Mo
23c. DATE SIGNED: 6-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-3-1953
24c. NAME OF CEMETERY OR CREMATORY: Brick Cemetery
24d. LOCATION (City, town, or county) (State): Gentry County, Missouri

DATE REC'D BY LOCAL REG.: 6-20 53
REGISTRAR'S SIGNATURE: Bess Holt 229
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Arch C. Dunfee Grant City Mo

(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 Arch C. Dunfee

Licensed Embalmer No. 13252

P. O. Address Grant City, 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.