

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22545

State File No.

FILED JUN 16 1953

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5998 Registrar's No. 10

1. PLACE OF DEATH

a. COUNTY PUTNAM

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POWERSVILLE York c. LENGTH OF STAY (in this place) 12 YRS.

d. FULL NAME OF HOSPITAL OR INSTITUTION LLLLL (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 PUTNAM

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN POWERSVILLE 560

d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED

a. (First) JASPER b. (Middle) LEWIS c. (Last) MORRIS

4. DATE OF DEATH JUNE 1, 1953 (Month) (Day) (Year)

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH AUGUST 7, 1858 9. AGE (In years last birthday) 94 9 24 (If under 1 year) Months Days (If under 1 hr.) Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM OWNER 10b. KIND OF BUSINESS OR INDUSTRY FARM 11. BIRTHPLACE (State or foreign country) JACKSON COUNTY KENTUCKY 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME JOHN H. MORRIS 13b. MOTHER'S MAIDEN NAME MARY COOPER 14. NAME OF HUSBAND OR WIFE LUCEY A. MORRIS

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 MR. SAM MORRIS POWERSVILLE, MO. ADDRESS

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, asthma, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic myocarditis (b) Coronary arteriosclerosis (c) _____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
5 yrs
5 yrs

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4201 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) _____ 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 4/1, 1950, to 6/1, 1953 that I last saw the deceased alive on 6/1, 1953, and that death occurred at 7:25 p.m. from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 207 23b. ADDRESS Powersville, Mo 23c. DATE SIGNED 6/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE June 4, 1953 24c. NAME OF CEMETERY OR CREMATORY LUCERNE CEMETERY 24d. LOCATION (City, town, or county) (State) LUCERNE, MISSOURI

DATE REC'D BY LOCAL REG. 6-12-53 REGISTRAR'S SIGNATURE Marcella Durbin 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS COMSTOCK FUNERAL HOME, UNIONVILLE, MO.

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

560

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John N. Comstock

Signed

Student Embalmer

Licensed Embalmer No. *3891*

P. O. Address *Unionville, 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.