

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27399

State File No.

FILED AUG 4 - 1953

BIRTH NO.		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6102</u>		Registrar's No. <u>35</u>		
1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Mo</u>				
b. CITY OR TOWN <u>RURAL JEFFERSON</u>		c. LENGTH OF STAY (In this place) <u>84 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Mo</u>		
3. NAME OF DECEASED a. (First) <u>ANDREW</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>MORRISON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 25, 1953</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 1, 1866</u>		
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>VERSALLES ILL 1</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>JOHN MORRISON</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY DAWSON</u>		14. NAME OF HUSBAND OR WIFE <u>JENNIE B. MORRISON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George W. Morrison</u> ADDRESS <u>MEMPHIS</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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				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)		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 <u>Feb 21, 1953</u> , to <u>July 25, 1953</u> , that I last saw the deceased alive on <u>July 25, 1953</u> , and that death occurred at <u>7:00 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>E. E. Symmonds, D.O.</u>				23b. ADDRESS <u>Memphis, Mo</u>		23c. DATE SIGNED <u>July 28 '53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-28-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMPHIS</u>		24d. LOCATION (City, town, or county) (State) <u>MEMPHIS Mo</u>		
DATE REC'D BY LOCAL REG. <u>7/28/53</u>		REGISTRAR'S SIGNATURE <u>Vera G. Turner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. W. Warner & Sons</u> ADDRESS <u>Memphis</u>				

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

SEP 20 1954

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, 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.