No. 300
10.48

FILED SEP 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28178

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4161 Registrar's No. 59

310

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

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jameson
c. LENGTH OF STAY (in this place)
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 Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jameson 0310
d. STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) Oliver
c. (Last) Morrow

4. DATE OF DEATH (Month) August (Day) 27 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 26 1877
9. AGE (In years last birthday) 75 — 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) Section Foreman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and State or Foreign Country) Gallatin, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Morrow
13b. MOTHER'S MAIDEN NAME Sophia Phillips
14. NAME OF HUSBAND OR WIFE Lenora Morrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Lee Sanderson, ADDRESS Kansas City

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 36 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertensive cardiac — unknown
DUE TO (c) Vascular disease

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 443X
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* July *19*53 *to* Aug *19*53, *that I last saw the deceased alive on* Aug 27, *19*53 *and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] Nixon Mo
23b. ADDRESS Gallatin Mo
23c. DATE SIGNED 8/29/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 8-29-1953
24c. NAME OF CEMETERY OR CREMATORY Centenary Cemetery
24d. LOCATION (City, town, or county) Daviess Co. (State) Missouri

DATE REC'D BY LOCAL REG. 8-31-53
REGISTRAR'S SIGNATURE Virginia M. Engelhart 81-D
25. FUNERAL DIRECTOR'S SIGNATURE L. O. Richesson ADDRESS Hope Funeral Home, Gallatin, 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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin 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.