

28251

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5435

Registrar's No. 20

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5435

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BOEUF TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL BOEUF TWP 0370	
c. LENGTH OF STAY (in this place) 66		d. STREET ADDRESS (If rural, give location) 3 mi. N. of DRAKE 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi N of DRAKE.			

3. NAME OF DECEASED (Type or Print)	a. (First) ALBERT	b. (Middle) EDMOND	c. (Last) MORRE	4. DATE OF DEATH (Month) (Day) (Year) 8 19 1953
-------------------------------------	--------------------------	---------------------------	------------------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 16, 1887	9. AGE (In years last birthday) 66	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) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY USA
---	--	---	--

13a. FATHER'S NAME HENRY W. MORRE	13b. MOTHER'S MAIDEN NAME AMELIA GIECK	14. NAME OF HUSBAND OR WIFE EMMA MORRE
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. ALBERTE MORRE	ADDRESS OWENSVILLE 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac infarction		8 hrs.
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emboli DUE TO (c) Carcinoma duodenum		6 mo.
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 152 X	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 **9/27/50**, 19___, to **8/19/53**, 19___, that I last saw the deceased alive on **8/18/53**, 19___, and that death occurred at **8:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) D.O.	23b. ADDRESS Hermann, Mo.	23c. DATE SIGNED 8/21/53
-----------------------------------	-------------------------------	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-22-53	24c. NAME OF CEMETERY OR CREMATORY DRAKE ME CEMETERY	24d. LOCATION (City, town, or county) (State) DRAKE MO
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 8/22/53	REGISTRAR'S SIGNATURE Delma Gerken	4421	25. FUNERAL DIRECTOR'S SIGNATURE Hermann, Mo.	ADDRESS HERMANN, MO
---	---	------	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 3160

P. O. Address HERMANN, 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.