

S. No. 300
V. 10.48

FILED SEP 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31469

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5446 Registrar's No. 109

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Cooper Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stanberry Rural 2 miles South Cooper Twp.</u> | |
| c. LENGTH OF STAY (in this place) <u>40 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>South 2 Miles of Stanberry</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Of Stanberry 1 mile</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18 1953</u> | |
| 3. NAME OF DECEASED a. (First) <u>Theodore Franklin</u> b. (Middle) <u>Morris</u> c. (Last) _____ | | 5. SEX <u>male</u> | |
| 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u> | |
| 8. DATE OF BIRTH <u>Nov. 7 1905</u> | | 9. AGE (in years last birthday) <u>47</u> If under 1 year: Months _____ Days _____ If under 2 hrs: Hours _____ Min. _____ | |
| 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 <u>Farm</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u> | |
| 13a. FATHER'S NAME <u>T. F. Morris</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ingle Curry</u> | |
| 14. NAME OF HUSBAND OR WIFE _____ | | 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>486-01-2971</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. T. F. Morris</u> ADDRESS <u>Stanberry Mo</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Strangulation from Hanging</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>self - suicide</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had been in Mental Hospital 1948 to 1952</u> | |
| 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) <u>Suicide</u> | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cooper Gentry Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>Hanging</u> | | 22. I hereby certify that I attended the deceased from <u>Sept 18, 1953</u> , to <u>Sept 18, 1953</u> , that I last saw the deceased alive on <u>Sept 18, 1953</u> and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>C. A. Williams</u> (Degree or title) <u>SO</u> | | 23b. ADDRESS <u>Gentry Mo</u> | |
| 23c. DATE SIGNED <u>Sept 18 - 1953</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | |
| 24b. DATE <u>9-22-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry Mo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Fatoy F. Phillips</u> ADDRESS <u>Stanberry Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>9-22-53</u> | | REGISTRAR'S SIGNATURE <u>Maudie Williams</u> | |

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

0380

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

Leroy A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stouffville, N.C.

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.