

STANDARD CERTIFICATE OF DEATH

5630 State File No. **32272**

FILED **SEP 18 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 127

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

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Lebanon TS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lebanon</b>	
c. LENGTH OF STAY (in this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>433 W. Pierce</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mathews Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Eddie</b>		b. (Middle)		c. (Last) <b>Morelock</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 1, 1953</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>July 15, 1875</b>	
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None blind</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Laclede Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Jacob P. Morelock</b>		13b. MOTHER'S MAIDEN NAME <b>Roxana Hall</b>		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>E. G. Morelock, Lebanon, Mo.</b>	
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) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 hrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hemiplegia left</b>		<b>14 days</b>	
DUE TO (c) <b>Epilepsy</b>		<b>Lifetime</b>	
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 <b>3533</b>		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) m.		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 August 12, 1953, to August 28, 1953, that I last saw the deceased alive on August 29, 1953, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Paul A. Jenkins M.D.</b>		23b. ADDRESS <b>Truitt Bldg Lebanon Mo</b>		23c. DATE SIGNED <b>9-1-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/3/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cem.</b>	
		24d. LOCATION (City, town, or county) (State) <b>Laclede Co. Mo.</b>			

DATE REC'D BY LOCAL REG. <b>9-5-1953</b>		REGISTRAR'S SIGNATURE <b>Hella L. May</b>		5. FUNERAL DIRECTOR'S SIGNATURE <b>Palmer Lebanon Mo</b>		ADDRESS	
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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 S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.