S. No. 300
v. 10.48

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

FILED NOV 4 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36280

State File No.

BIRTH NO. 61927 REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 2028 Registrar's No. 211

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carthage
c. LENGTH OF STAY (in this place) 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCune-Brooks hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Jasper
c. CITY OR TOWN Carthage
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 713 W. Central Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) DAVID
b. (Middle) EUGENE
c. (Last) MORRIS

4. DATE OF DEATH (Month) (Day) (Year) Oct 25, 1953

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Oct 6, 1953
9. AGE (In years last birthday) 0 — If under 1 year: Months 0 Days 19 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Melvin Morris
13b. MOTHER'S MAIDEN NAME Vennie M. Parker
14. NAME OF HUSBAND OR WIFE none

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, ADDRESS Melvin Morris, 713 W. Central Carthage, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrolyte imbalance with acidosis — INTERVAL BETWEEN ONSET AND DEATH: 12-18 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Infantile diarrhea — 24 hrs.

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 7640
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* 10/7, 1953, *to* 10/25, 1953, *that I last saw the deceased alive on* 10/25, 1953, *and that death occurred at* 9:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE G. F. Schell
(Degree or title) md.
23b. ADDRESS 201 W. 3rd, Carthage, Mo.
23c. DATE SIGNED 10/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Oct 27 1953
24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery
24d. LOCATION (City, town, or county) (State) Miller, Mo.

DATE REC'D BY LOCAL REG. 10-26-53
REGISTRAR'S SIGNATURE Lloyd B. Clinton M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary
ADDRESS Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 3 1953
Jasper County Health Office
County File Number 53-11-884
Date Filed NOV 3 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Robert H. Kuelf

Licensed Embalmer No. 445

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.