

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36499

FILED NOV 13 1953

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4311 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived, in institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>S.</u> c. (Last) <u>MORRIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-8-53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10-21-72</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Bevier Exp. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Livingston Simpson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah G. Casey</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mrs. G. Grimsby</u> ADDRESS <u>Callao 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory collapse</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Portal Cirrhosis</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Hyperchronic Anemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 years</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)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5810</u>	
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 <u>1938</u> , 19 <u> </u> , to <u>10/8/53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>10/4/53</u> , 19 <u> </u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>A. K. Neudick</u> (Degree or title)		23b. ADDRESS <u>Macon</u>	
23c. DATE SIGNED <u>10/15/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Funeral</u>	
24b. DATE <u>10-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Loamst Grove Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. E. Edwards</u> ADDRESS <u>Bevier Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/4/53</u>		REGISTRAR'S SIGNATURE <u>Auth McCreely</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

11.12.53

MC3

MACON COUNTY HEALTH DEPARTMENT

County File No. 11531/51

Date Filed 11.12.53

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

W. S. Edwards

Licensed Embalmer No. 1961

P. O. Address *Brewer, 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.