

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42088**

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **5117** Registrar's No. **21**

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

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY OR TOWN Ashland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 63 South - Cedar Tp.		e. STREET ADDRESS (If rural, give location) Route 2	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BYRON c. (Last) MORROW			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH July 1, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 52
11. BIRTHPLACE (City and State or Foreign Country) Miller County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Edward Morrow		13b. MOTHER'S MAIDEN NAME Sally Smith	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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) Crushed chest ANTECEDENT CAUSES Abhorrid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple fractures in legs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8230 31	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 63 south	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cedar Boone MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 10 53 7:35 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Truck ran off of road, hit tree			
22. I hereby certify that I attended the deceased from 12/10/53 , 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 7:35 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Henry H. Sweet, JMD Coroner		23b. ADDRESS Columbia Mo	
23c. DATE SIGNED 12/10/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-13-53	
24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Iberia Missouri	
DATE REC'D BY LOCAL REG. 12/14/52		REGISTRAR'S SIGNATURE Mrs Mildred Burnett	
25. FUNERAL DIRECTOR'S SIGNATURE William James J. C. Mo		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.....
Signature of Student Embalmer

Signed.....
Thas L. Barron

Licensed Embalmer No.....4132

P. O. Address.....Columbus, Ga.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.