

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **374**  
Registrar's No. **101**

No. 300  
10.48

FILED JAN 21 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO: **43** PRIMARY REG. DIST. NO. **3007**

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

1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wayne</b>		
b. CITY OR TOWN <b>Soplaw Bluff</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Piedmont</b>		1110
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Soplaw Bluff Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>1</b>		
3. NAME OF DECEASED (Type or Print) <b>DOROTHY</b>		a. (First)	b. (Middle) <b>ETTS</b>	c. (Last) <b>MORRIS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>1-10-'54</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 23 1949</b>	9. AGE (In years last birthday) <b>4</b>	IF UNDER 1 YEAR <b>3</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Mo. Clemens, Mich.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Stephan J. Morris</b>		13b. MOTHER'S MAIDEN NAME <b>Helena Rich</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Stephan J. Morris, Piedmont, Mo.</b> 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Burns on all body except palms &amp; legs.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>E9160 16</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1 home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Piedmont Wayne Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1-10-54 20 m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Caught fire from stove</b>			
22. I hereby certify that I attended the deceased from <b>1-10</b> , 19 <b>54</b> , to <b>1-10</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>1-10</b> , 19 <b>54</b> , and that death occurred at <b>10:00</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Wm. Henschel M.D.</b> (Degree or title)		23b. ADDRESS <b>Soplaw Bluff, Mo.</b>		23c. DATE SIGNED <b>1-15-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-14-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Burdick</b>	24d. LOCATION (City, town, or county) (State) <b>Piedmont Mo.</b>		
DATE RECD BY LOCAL REG. <b>1/16/54</b>	REGISTRAR'S SIGNATURE <b>Wm. Henschel</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Henschel</b> ADDRESS <b>Piedmont, Mo.</b>		

RECEIVED

JAN 18 1954

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Mary E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Delaware, Pa*

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.