

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

545

State File No.

No. 300
10.48

0001
1

BIRTH FILED **FEB 1 1954** REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **4107** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs 0201	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) West Olive Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION West Olive Street			

3. NAME OF DECEASED (Type or Print) a. (First) Esmond b. (Middle) John c. (Last) Morris			4. DATE OF DEATH (Month) (Day) (Year) Jan 20 1954		
---	--	--	--	--	--

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 18, 1870		9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
--------------------	--	-------------------------------	--	---	--	---------------------------------------	--	---	--	-----------------------------	--	----------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
---	--	--	--	---	--	--	--

13a. FATHER'S NAME Wm Henry Morris		13b. MOTHER'S MAIDEN NAME Margaret Dock		14. NAME OF HUSBAND OR WIFE Effie Grace Morris	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Effie Grace Morris, El Dorado, Mo.		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) Acute myocarditis				INTERVAL BETWEEN ONSET AND DEATH 1 week	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza				2 weeks	
		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 481X		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)		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 **Jan 5, 1954**, to **Jan 20, 1954**, that I last saw the deceased alive on **Jan 19, 1954**, and that death occurred at **4:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE C. Sunderwirth Sr. (Degree or title)		23b. ADDRESS El Dorado Spgs. Mo.		23c. DATE SIGNED 1-21-54	
--	--	---	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-22-54		24c. NAME OF CEMETERY OR CREMATORY Love Cemetery		24d. LOCATION (City, town, or county) (State) Cedar County, Mo.	
---	--	--------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. JAN. 21, 1954		REGISTRAR'S SIGNATURE Wm H. Morris		25. FUNERAL DIRECTOR'S SIGNATURE Swain Brothers - El Dorado Spgs., Mo.		ADDRESS	
---	--	---	--	---	--	---------	--

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

413-0

(Licensed Embalmers' Statement on Reverse Side)

8348

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 May W. Richering

Licensed Embalmer No. 4696

P. O. Address E. Dorado Springs

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.