

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

State File No. **3714**

No. 300
10.48

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4187** Registrar's No. **3**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY TANNEY 1060	a. STATE Mo.	b. COUNTY TANNEY	
b. CITY OR TOWN Ocie rural Big Creek	c. CITY OR TOWN Ocie	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) All Life		e. STREET ADDRESS (If rural, give location) 1060 Big Creek Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) M. Tilda	b. (Middle)	c. (Last) Morris	6 1954		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-23-1875		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) TANNEY COUNTY Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BLANTON	13b. MOTHER'S MAIDEN NAME Williams	14. NAME OF HUSBAND OR WIFE Russel Morris
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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 M. Tilda Stehle	ADDRESS Long Run Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphangitis		INTERVAL BETWEEN ONSET AND DEATH 9 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) Scratch on heel DUE TO (c) Disabling rheumatoid arthritis 10 yr		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 27, 1953 11:00 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 25, 1953, to 1-6, 1954, that I last saw the deceased alive on 1-5, 1954, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) M. J. Naerman D.O.	22b. ADDRESS Gainesville, Mo.	22c. DATE SIGNED 1-7-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-7-54	24c. NAME OF CEMETERY OR CREMATORY Lutie	24d. LOCATION (City, town, or county) (State) Lutie Mo.
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DATE REC'D BY LOCAL REG. 1/9/54	REGISTRAR'S SIGNATURE S. E. Cogwell	25. FUNERAL DIRECTOR'S SIGNATURE Clinkinghead Funeral Home	ADDRESS Gainesville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 7 1955

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 *John R. Carey*.....

Licensed Embalmer No. *488*.....

P. O. Address *Hammond*.....

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.