No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5211

BIRTH NO. FILED MAR 3 1954 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 50 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 121 North Mina Ave

0495

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) MATTHEWS c. (Last) MORRIS

4. DATE OF DEATH (Month) (Day) (Year): 2-16-1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-18-1874
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Northern, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME: Charles W. Morris
13b. MOTHER'S MAIDEN NAME: Cynia Barnabee
14. NAME OF HUSBAND OR WIFE: Abby Morris, Joplin, Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Abby Morris — ADDRESS: 121 N. Mina., Joplin, Missouri

MEDICAL CERTIFICATION

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) GUNSHOT WOUND THRU AND THRU SKULL WITH AVULSION OF BRAIN

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) E976X

II. OTHER SIGNIFICANT CONDITIONS — *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~~ POWDER MARKS BOTH HANDS TATTOOING OF THE WOUND OF THE SCALP

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HOME
21c. (CITY, TOWN, OR TOWNSHIP): JOPLIN (COUNTY): JASPER (STATE): MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-16-54 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? PUT GUN TO HEAD AND PULLED TRIGGER OF .38 CAL. WEAPON

22. *I hereby certify that I attended the deceased from* (DID NOT ATTEND) *, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE: W. W. Burch M.D. (Degree or title) Coroner Jasper County
23b. ADDRESS: First National Bldg.
23c. DATE SIGNED: 2/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-18-1954
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Joplin, Missouri

DATE REC'D BY LOCAL REG.: 2-27-54
REGISTRAR'S SIGNATURE: Ted Jasper 138 by Juanita Lamkins A.R.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Thornhill-Dillon Mortuary, Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 1 1954
Jasper County Health Office
County File Number 54-3-171
Date Filed MAR 2 1954

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed William E. Huddleston

Signed.....
Student Embalmer

Licensed Embalmer No. 4770

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.