

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. WEBB 8291
State File No.

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 299

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| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE 0396 | |
| b. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD | c. LENGTH OF STAY (in this place) LIFE | c. CITY OR TOWN SPRINGFIELD | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1700 E. COMMERCIAL | | | |
| e. STREET ADDRESS (If rural, give location) 1700 E. COMMERCIAL | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) PEARL c. (Last) MORRIS | | | 4. DATE OF DEATH MARCH 21 1954 (Month) (Day) (Year) | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JUNE 7 1888 | | 9. AGE (in years) last birthday 65 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. |
| 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) GREENE COUNTY, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? USA |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME CLARENCE LOVE | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE HOYD Z. MORRIS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NO | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOYD Z. MORRIS SPRINGFIELD, MO. | |

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| 18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | Carcinoma of the Liver, metastatic | | 6 mos. | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | 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"/> | |
| 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) 153 X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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 Dec. 17, 1952, to Feb. 19, 1954, that I last saw the deceased alive on Feb. 19, 1954, and that death occurred at 12:50A, from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Lester R. Webb</i> (Degree or title) M.D. | | 23b. ADDRESS 609 Cherry St., Springfield, Mo. | | 23c. DATE SIGNED 3/22/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 3/23/54 | 24c. NAME OF CEMETERY OR CREMATORY EASTLAWN | | 24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO. | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 3-23-54 | | REGISTRAR'S SIGNATURE <i>Walter Williamson</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Walter E. Hamill*

Licensed Embalmer No..... 380

P. O. Address SPRINGFIELD

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.