

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11119

Registrar's No. 33

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (In this place) <u>years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		d. STREET ADDRESS (If rural, give location) <u>514 Scott St.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home - 514 Scott St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Erwin</u> b. (Middle) <u>Adam</u> c. (Last) <u>Morlan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 9 - 1882</u>	9. AGE (In years last birthday) <u>71</u>	10. MONTH <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Barber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Purdy Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Sigle Morlan</u>		13b. MOTHER'S MAIDEN NAME <u>Mauda Marbut</u>		14. NAME OF HUSBAND OR WIFE <u>Frances Morlan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Willis Morlan, Monett, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>	ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. DUE TO (b) <u>7</u> DUE TO (c) <u>7</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>				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) (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 <u>4-22</u> , 1954, to <u>4-22</u> , 1954, that I last saw the deceased alive on <u>4-22</u> , 1954, and that death occurred at <u>12:20 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Katherine Henderson M.D.</u>		23b. ADDRESS <u>Monett, Mo.</u>		23c. DATE SIGNED <u>4-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 25 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Monett Mo.</u>		
DATE REC'D BY LOCAL REG. <u>4-24-54</u>	REGISTRAR'S SIGNATURE <u>Katherine Henderson</u>	487-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett-Worthington</u>	ADDRESS <u>Monett, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

45-4-21
BARRY COUNTY HEALTH UN. &
CASSVILLE, MO.

Rec. 4-28-54

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 _____

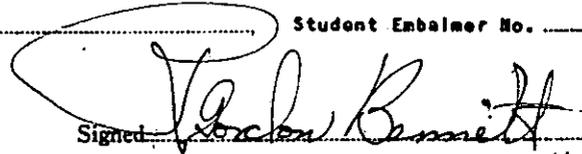
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed



Licensed Embalmer No. 4213

P. O. Address Monett, Missouri

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.