

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

State File No. **15205**

FILED JUN 1 1954

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5217** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Austin Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Austin, Township	
c. LENGTH OF STAY (In this place) 28 years		d. STREET ADDRESS (If rural, give location) Austin, Missouri	
d. FULL NAME OF (If not in hospital or institution, give street name or location) HOSPITAL OR INSTITUTION Austin, Missouri		Home	

3. NAME OF DECEASED (Type or Print)	a. (First) Elizabeth	b. (Middle) Overton	c. (Last) Morriss	4. DATE OF DEATH (Month) (Day) (Year) 5 22 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married	8. DATE OF BIRTH March 1, 1878	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months 2 Days 21	11. UNDER 24 Hrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-keeper	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) 0 Near Austin, Cass Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Ambus Morriss	13b. MOTHER'S MAIDEN NAME Margaret Adline Fulkerson	14. NAME OF HUSBAND OR WIFE Never Married
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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. None	17. INFORMANT'S SIGNATURE OR NAME Miss Margaret Morriss Archie, Missouri	ADDRESS Missouri
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ecthyema with sepsis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown 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	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) 698X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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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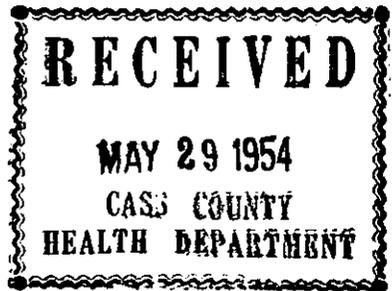
22. I hereby certify that I attended the deceased from Apr. 11, 1954, to May 20, 1954, that I last saw the deceased alive on May 20, 1954 and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Robinson M.D.	23b. ADDRESS Adrian Mo.	23c. DATE SIGNED 5-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Austin Cemetery	24d. LOCATION (City, town, or county) (State) Austin MISSOURI
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DATE REC'D BY LOCAL REG. May 24, 1954	REGISTRAR'S SIGNATURE Dora Barward	457-1	25. FUNERAL DIRECTOR'S SIGNATURE Atkinson Brothers	ADDRESS Archie, 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 _____
Student Embalmer

Signed

Robert W. Atkinson

Licensed Embalmer No. 4902

P. O. Address Henningsville, MO

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

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