No. 300
10-48

FILED MAY 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15365

BIRTH NO. _____ REG. DIST. NO. 87 PRIMARY REG. DIST. NO. 4150 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Crawford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bourbon
c. LENGTH OF STAY (In this place): 2 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN: Bourbon
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0280

3. NAME OF DECEASED (Type or Print)
a. (First): Bina
b. (Middle): Winona
c. (Last): Morris

4. DATE OF DEATH (Month) (Day) (Year): May 18 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov 10, 1915
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months 6, Days 8 — 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): Mt. Carmel Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Webster Roberson
13b. MOTHER'S MAIDEN NAME: Edith Darrow
14. NAME OF HUSBAND: Chester Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 331-09-6607
17. INFORMANT'S SIGNATURE OR NAME: Chester Morris — ADDRESS: Bourbon, Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bowel obstruction, small — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic carcinoma of
DUE TO (c) uterine cervix — 18 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
171X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Metastatic carcinoma of cervix in parametrium
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-23, 1952, *to* 5-18, 1954, *that I last saw the deceased alive on* 5-18, 1954, *and that death occurred at* 5:21 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard T. Weedon, (Degree or title) M.D.
23b. ADDRESS: Bourbon, Mo.
23c. DATE SIGNED: 5-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20 1954
24c. NAME OF CEMETERY OR CREMATORY: Mackville Cemetery
24d. LOCATION (City, town, or county) (State): Atwood Illinois

DATE REC'D BY LOCAL REG: 5/20/54
REGISTRAR'S SIGNATURE: [illegible] 75 D
25. FUNERAL DIRECTOR'S SIGNATURE: Norman C. Haenen
ADDRESS: Cuba MO

(Attended Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Herman C. Hoenen

Licensed Embalmer No. 467

P. O. Address Cuba, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.