

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

16755

State File No.

Registrar's No. 133

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3046

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>TALYOR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bedford</u>	
c. LENGTH OF STAY (In this place) <u>14 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>811 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>ORA-ANTEL-MORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15 - 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 8 - 1878</u>		9. AGE (In years last birthday) <u>75</u> Months <u>6</u> Days <u>9</u> Hours <u>7</u> Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>YORKTOWN, INDIANA</u>	
13a. FATHER'S NAME <u>THOMAS MORRIS</u>			13b. MOTHER'S MAIDEN NAME <u>MARY REBECCA BOYCE</u>		14. NAME OF HUSBAND OR WIFE <u>IDA O'DELL MORRIS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida J. Morris Bedford</u> ADDRESS <u>Bedford</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension Left Kidney</u> ANTECEDENT CAUSES <u>with fecal fistula</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Generalized Pericarditis</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>2 wks</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>180X</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) m.		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 Apr 30, 1954 to May 14, 1954, that I last saw the deceased alive on May 14, 1954, and that death occurred at 9 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. P. Jones M.D.</u> (Degree or title)		23b. ADDRESS <u>Maryville Mo</u>		23c. DATE SIGNED <u>5-15-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>MAY 14 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bedford Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Bedford Iowa</u>	
DATE REC'D BY LOCAL REG. <u>5-22-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Floyd Edrum</u> ADDRESS <u>Bedford Iowa</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

APR 23 1957

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Floyd C. Shum

Iowa Licensed Embalmer No. 2381

P. O. Address Bedford, Iowa

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.