

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **5845**

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Atchison Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural Hopkins Twp.	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Lillie Edgar b. (Middle) _____ c. (Last) Morehouse			4. DATE OF DEATH (Month) (Day) (Year) May 8, 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Oct. 25, 1874		9. AGE (In years last birthday) 79		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bloomington, Ind.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Hodges		13b. MOTHER'S MAIDEN NAME Elizabeth Cunningham		14. NAME OF HUSBAND OR WIFE Lemon Morehouse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Ula Morehouse, Hopkins, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chronic valvular disease of heart		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		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"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6/1/50**, to **5/8**, 1954, that I last saw the deceased alive on **5/6, 1954** and that death occurred at **9 P. m.** from the causes and on the date stated above.

23a. SIGNATURE C. W. Holt (Degree or title)		23b. ADDRESS Hopkins		23c. DATE SIGNED 5/10/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 11, 1954		24c. NAME OF CEMETERY OR CREMATORY Hopkins	
				24d. LOCATION (City, town, or county) (State) Hopkins, Mo.	

DATE REC'D BY LOCAL REG. 5-22-54		REGISTRAR'S SIGNATURE Holt		25. FUNERAL DIRECTOR'S SIGNATURE Holt ADDRESS Hopkins, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

2740

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 _____

working under my personal supervision.

myself

Student Embalmer No. _____

Student
Student Embalmer

Signed *Stanley Swanson* _____

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, Mo*

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.