

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18747**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 93

1. PLACE OF DEATH  
a. COUNTY HOWELL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MISSOURI  
b. COUNTY HOWELL

b. CITY (If outside corporate limits, write RURAL and give township) WEST PLAINS  
c. LENGTH OF STAY (In this place) 2 yrs

c. CITY (If outside corporate limits, write RURAL and give township) WEST PLAINS, MISSOURI  
d. STREET ADDRESS (If rural, give location) 0461

d. FULL NAME OF HOSPITAL OR INSTITUTION X

d. STREET ADDRESS (If rural, give location) MISSOURI AVE.

3. NAME OF DECEASED  
a. (First) MARGARET MILLEN MORRISON  
b. (Middle) \_\_\_\_\_  
c. (Last) \_\_\_\_\_  
(Type or Print)

4. DATE OF DEATH 6-7-54  
(Month) (Day) (Year)

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH 4-14-1885

9. AGE (In years last birthday) 69

IF UNDER 1 YEAR Months 7  
IF UNDER 24 HRS. Days 29 Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY X

11. BIRTHPLACE (State or foreign country) FRANKLIN CO., MISSOURI

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME WILLIAM MORRISON

13b. MOTHER'S MAIDEN NAME DOLLY MILLEN

14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. X

17. INFORMANT'S SIGNATURE OR NAME ANN MORRISON, WEST PLAINS, MO ADDRESS \_\_\_\_\_

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.  
  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Occlusion  
  
ANTECEDENT CAUSES  
Morbid 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.

MEDICAL CERTIFICATION  
Coronary Occlusion

INTERVAL BETWEEN ONSET AND DEATH  
Immed.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

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) (Min.)

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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:15 PM from the causes and on the date stated above.

23a. SIGNATURE Joe P. Duncan (Degree or title) Coroner

23b. ADDRESS 217th View No.

23c. DATE SIGNED 6-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify) B

24b. DATE 6-10-54

24c. NAME OF CEMETERY OR CREMATORY OAK LAWN

24d. LOCATION (City, town, or county) (State) WEST PLAINS, MISSOURI

DATE REC'D BY LOCAL REG. 7.2.54

REGISTRAR'S SIGNATURE Beatrice Cook 379-1

25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MO ADDRESS \_\_\_\_\_

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

JUL 8

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

*A. D. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Ham*

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.