FILED AUG 9 - 1954

S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22323

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 30

0150
1

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

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lum Creek Rural Orgn
c. LENGTH OF STAY (In this place): Mgr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lum Creek 0150
d. STREET ADDRESS (If rural, give location): Gen Del, 0

3. NAME OF DECEASED (Type or Print): a. (First) Timothy b. (Middle) Bryan c. (Last) Morse

4. DATE OF DEATH (Month) (Day) (Year): July 21-54

5. SEX: Male
6. COLOR OR RACE: Wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 24-1897
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Agri
11. BIRTHPLACE (City and State or Foreign Country): Rapatee Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: T M Morse
13b. MOTHER'S MAIDEN NAME: Ida Worrell
14. NAME OF HUSBAND OR WIFE: Evelyn Miller Morse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I - 1918
16. SOCIAL SECURITY NO.: 486-24-1677
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs T B Morse as above

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) Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute coronary occlusion — Acute
DUE TO (c) Arteriosclerosis and diabetes mellitus — Chronic

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: 260X
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* 2-3- *, 19*53*, to* July 21 *, 19*54*, that I last saw the deceased alive on* June 29 *, 19*54*, and that death occurred at* 10 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Dale Atterberry D.O.
23b. ADDRESS: Camdenton, Missouri
23c. DATE SIGNED: 7-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24-54
24c. NAME OF CEMETERY OR CREMATORY: Conway
24d. LOCATION (City, town, or county) (State): Camden Co Mo

DATE REC'D BY LOCAL REG.: Aug 3-1954
REGISTRAR'S SIGNATURE: Zilpha Traw
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Bankson-Woolery Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1956

SEP 7 1956

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon Me

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.