

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 23 1954

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>5734</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Atlanta R.F.D.</u>		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Independance Township</u>		06/10	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died at Home</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. Atlanta, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Wendell S. Morris</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 3, 1905</u>		9. AGE (in years last birthday) <u>48-10</u>	10. IF UNDER 1 YEAR Months <u>2</u> Days _____	11. IF UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm work</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Brett Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Lena J. Morris</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Bledsoe Morris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Helen Morris Atlanta Mo</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>Cerebral Vascular Accident</u>					INTERVAL BETWEEN ONSET AND DEATH <u>IMMEDIATE</u>
ANTECEDENT CAUSES *Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis 5 yrs</u> DUE TO (c) <u>Epileptic seizures following</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>previous cerebral vascular accident 1951</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</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) (Min.)		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 <u>1951</u> , 19 <u> </u> , to <u>1954</u> , 19 <u> </u> , that I last saw the deceased alive on <u>June 15, 1954</u> and that death occurred at <u>11:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. L. Burdette</u>		23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>7/7/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 7-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Independance, Atlanta, Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 9 1954</u>		REGISTRAR'S SIGNATURE <u>Mr. O. J. Griffin</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. Woodberry Atlanta Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7.14.54
MAGON COUNTY HEALTH DEPARTMENT
County File No. 754.131
Date Filed 7.20.54

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 _____

Licensed Embalmer No. 1750

P. O. Address _____

Atlanta, Ga.

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.