

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30127**

Registrar's No. **266**

FILED OCT 11 1954

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Jefferson City)		c. LENGTH OF STAY (In this place township) 30min.	c. CITY OR TOWN Jefferson City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		e. STREET ADDRESS (If rural, give location) 311 E McCarty	

3. NAME OF DECEASED (Type or Print) **Lena Baker Morrison**

a. (First) **Lena** b. (Middle) **Baker** c. (Last) **Morrison**

4. DATE OF DEATH (Month) (Day) (Year) **Oct. 4, 1954**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **Nov. 23, 1872** 9. AGE (In years last birthday) **81** 10. UNDER 1 YEAR **10** 11. UNDER 1 HRS. **11**

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

10b. KIND OF BUSINESS OR INDUSTRY **Home**

11. BIRTHPLACE (City and State or Foreign Country) **McCredie, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **N. F. Baker** 13b. MOTHER'S MAIDEN NAME **Mary Ann Culbertson** 14. NAME OF HUSBAND OR WIFE **James Stuart Morrison**

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 **Mrs. Mildred M. Stewart** ADDRESS **Jefferson C.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH **1 year**

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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **4200** 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) _____ 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 **Oct 4, 1954**, to **Oct 4, 1954**, that I last saw the deceased alive on **Oct 4, 1954**, and that death occurred at **11:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Carl V. Long, M.D.** (Degree or title) 23b. ADDRESS **425 Madison** 23c. DATE SIGNED **10/6/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct-7-1954** 24c. NAME OF CEMETERY OR CREMATORY **Hillcrest Cemetery** 24d. LOCATION (City, town, or county) (State) **Fulton Missouri**

DATE REC'D BY LOCAL REG. **Oct 8-1954** REGISTRAR'S SIGNATURE **R. P. Dorris M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Wallace Funeral Home Fulton** ADDRESS **Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Daniel C. Browning*.....

Licensed Embalmer No. *272*.....

P. O. Address *Fullon*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.