

FILED NOV 3 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 35071
Registrar's No. 329

0940
2

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

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY <u>St Francis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Farmington Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Piedmont (Rural)</u>	
c. LENGTH OF STAY (In this place) <u>2 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>State Highway #34 East</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 4</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lyman</u>		b. (Middle) <u>Edgar</u>	
c. (Last) <u>Morris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13, 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u>	8. DATE OF BIRTH <u>March 30/03</u>
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>Reynold Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Anno Goodson</u>	
14. NAME OF HUSBAND OR WIFE <u>Calder Brown</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>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maude Vinyard</u> ADDRESS <u>Piedmont 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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instantaneously.</u>	
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		DUE TO (b) <u>Luetic aortitis</u> Unknown.	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>Psychosis with syphilitic meningo-encephalitis.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>023X</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>July 28, 1954</u> , to <u>October 13, 1954</u> that I last saw the deceased alive on <u>Oct. 13, 1954</u> , and that death occurred at <u>7:04 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. R. Brennan M.D.</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	
23c. DATE SIGNED <u>10-13-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/16/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Masonic</u>		24d. LOCATION (City, town, or county) (State) <u>Piedmont Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 13, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>William Rodes</u>		ADDRESS <u>Piedmont Mo.</u>	

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 _____

Godwin Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

William Godwin

Licensed Embalmer No. *3723*

P. O. Address *Biddeford 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.