

FILED OCT 26 1954

State File No. \_\_\_\_\_

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8683

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8683	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Francis</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		c. CITY OR TOWN <u>BISMARCK</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MISSOURI PACIFIC</u>				e. STREET ADDRESS (If rural, give location) <u>0940 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNEST</u>		b. (Middle) <u>ARLEY</u>		c. (Last) <u>MORLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 20 54</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>12-7-1902</u>	
9. AGE (In years last birthday) <u>51</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u>		IF UNDER 1 HR. Hours <u>13</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION FOREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MILB SPRINGS, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lee MORLEN</u>		13b. MOTHER'S MAIDEN NAME <u>PAULY BANN</u>		14. NAME OF HUSBAND OR WIFE <u>ELVA MORLEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>702-18-1943</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elva Morlen</u>		ADDRESS <u>Bismarck, 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>GASTRIC OBSTRUCTION</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARCINOMA OF STOMACH</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>SEPT 17<sup>th</sup> 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Stomach. Widespread abdominal metastases.</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) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>151X</u>			
22. I hereby certify that I attended the deceased from <u>SEPT 10<sup>th</sup> 1954</u> , to <u>SEPT 19<sup>th</sup> 1954</u> , that I last saw the deceased alive on <u>SEPT 19, 1954</u> , and that death occurred at <u>4:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward J. Jordan MD</u>				23b. ADDRESS <u>1504 South Grove Blvd</u>		23c. DATE SIGNED <u>21 Sept 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-20-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>S.O.D.F. BISMARCK, MO.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>SEP 23 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SHIPMANT SONS BISMARCK, MO.</u>			

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

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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 *John N. Shipman*

Licensed Embalmer No. *488*

P. O. Address *Bismarck*

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.