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FILED DEC 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39864

BIRTH NO. REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MO b. COUNTY SHELBY	
b. CITY (If outside corporate limits, write RURAL and give township) CLARENCE	c. LENGTH OF STAY (in this place) 12 YRS	c. CITY (If outside corporate limits, write RURAL and give township) CLARENCE	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME CLARENCE		d. STREET ADDRESS (If rural, give location) HOME CLARENCE MO	

3. NAME OF DECEASED (Type or Print)	a. (First) MADEL	b. (Middle) WHITTINGHAM	c. (Last) MORRIS	4. DATE OF DEATH (Month) (Day) (Year) NOV 19 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED WIDOWED	8. DATE OF BIRTH NOV 27 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING	11. BIRTHPLACE (State or foreign country) ENGLAND	12. CITIZENSHIP OF WHAT COUNTRY? US
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13a. FATHER'S NAME JOHN WHITTINGHAM	13b. MOTHER'S MAIDEN NAME JOSE PINNIGER	14. NAME OF HUSBAND OR WIFE FRANK MORRIS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME MARJORIE SMOCK	ADDRESS CLARENCE MO
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) Carcinoma of liver rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 1561	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1:50** m., from the causes and on the date stated above.

23a. SIGNATURE Mae K. Hull	(Degree or title) Dr.	23b. ADDRESS Clarence, MO	23c. DATE SIGNED 11-26-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-21-54	24c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY	24d. LOCATION (City, town, or county) (State) MACON CO MO
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DATE REC'D BY LOCAL REG. 11-29-54	REGISTRAR'S SIGNATURE Ada Garrison	419	25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Green	ADDRESS Clarence MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Charles V. Keenan*

Licensed Embalmer No. *4625*

P. O. Address *Lawrence, Mass.*

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.