

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 269

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 82		
1. PLACE OF DEATH a. COUNTY Buchanan /				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 17 yrs		c. CITY OR TOWN St. Joseph		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 305 S. 19th Street				e. STREET ADDRESS (If rural, give location) 305 S. 19th Street 01170				
3. NAME OF DECEASED (Type or Print) a. (First) Otis b. (Middle) Benjamin c. (Last) Morriss			4. DATE OF DEATH (Month) (Day) (Year) January 21, 1955					
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH May 12, 1896		
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Goetz Brewery		11. BIRTHPLACE (City and State or Foreign Country) Lecompton, Kansas.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME John Morriss			13b. MOTHER'S MAIDEN NAME Elizabeth Grindle		14. NAME OF HUSBAND OR WIFE Mamie E. Morriss			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-10-6825		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mamie E. Morriss St. Joseph, Mo.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Bronchogenic RT. 2 months 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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1602X					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) m.		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 12-8-54, 19__, to 1-21-55, 19__, that I last saw the deceased alive on 1-12-55, 19__, and that death occurred at 3 P m., from the causes and on the date stated above.								
23a. SIGNATURE. N. C. Senne MD			(Degree or title) 0		23b. ADDRESS 2070 S. Bldg. St. Joseph, Mo.		23c. DATE SIGNED 1-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 24, 1955		24c. NAME OF CEMETERY OR CREMATORY Belmont Cemetery		24d. LOCATION (City, town, or county) (State) Wathena, Kansas.		
DATE REC'D BY LOCAL REG. Jan 26, 1955		REGISTRAR'S SIGNATURE E. M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE Maierhoffer & Fleeman, Inc.		ADDRESS St. Joseph, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 1 1955

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 *Albert B. Harrington*.....

Licensed Embalmer No...3258..

P. O. Address...St. Joseph, M...

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.