

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1955

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. No. 3054 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisiana</u>		c. CITY OR TOWN <u>Louisiana</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 1/2 years</u>		e. STREET ADDRESS (If rural, give location) <u>815 Georgia Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>815 Georgia Street</u>			

3. NAME OF DECEASED (Type or Print) <u>SAM MORRIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 1, 1955</u>		
a. (First)	b. (Middle)	c. (Last)	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>March 17, 1882</u>	9. AGE (In years last birthday) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retail Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Merchant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Louisiana, Missouri</u>	12. COUNTRY OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>Marcus Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Swimmer</u>		14. NAME OF HUSBAND OR WIFE <u>Harriett Morris</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>468-38-5538</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sam Morris, Louisiana, Missouri</u>	

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Artery Occlusion</u> ANTECEDENT CAUSES <u>Pulmonary Edema</u> DUE TO (b) <u>Arteriosclerotic Cordes</u> DUE TO (c) <u>Vascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> <u>5 1/2 hrs</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 2-1, 1955, to 2-1, 1955, that I last saw the deceased alive on 2-1, 1955, and that death occurred at 1:20 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. A. Swiller M.D.</u>		23b. ADDRESS <u>Louisiana, Missouri</u>		23c. DATE SIGNED <u>2-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/4/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gates of Peace</u>	
24d. LOCATION (City, town, or county) (State) <u>Pike Co., Missouri</u>		DATE REC'D BY LOCAL REG. <u>2/9/55</u>		REGISTRAR'S SIGNATURE <u>Denise Collins</u> 374	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sterne Funeral Home, Louisiana, 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 *Virginia M. Starnes*.....

Licensed Embalmer No. *4546*

P. O. Address *Louisiana*

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.