

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2884

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1070

1. PLACE OF DEATH a. COUNTY /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 7 mo 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9705 Riverview Drive		STREET ADDRESS (If rural, give location) 9705 Riverview Drive	

3. NAME OF DECEASED (Type or Print) Wade	a. (First)	b. (Middle) A.	c. (Last) Morrison	4. DATE OF DEATH 2 - 2 - 1955
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5 - 26 - 1885	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Salesman	10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (City and State or Foreign Country) Red Bank, Pennsylvania /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Morrison	13b. MOTHER'S MAIDEN NAME Anna Chaney	14. NAME OF HUSBAND OR WIFE Hazel A. Morrison
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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. 492-05-4743	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel A. Morrison, 9705 Riverview Dr	ADDRESS 9705 Riverview Dr
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 hrs +
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocardial injury DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema & Heart Failure			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from Feb 1, 1955, to Feb 2, 1955 that I last saw the deceased alive on Feb 1, 1955, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE W.P. Souther	(Degree or title) O.M.D.	23b. ADDRESS 24 Lost Place	23c. DATE SIGNED Feb 4-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/5/55	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County Mo.
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DATE REC'D BY LOCAL REG. FEB 4 1955	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Wm. Hamilton
8363 Halls Ferry Rd.

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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 *Albert P. Hogan*.....

Licensed Embalmer No. *42*.....

P. O. Address *Halls Ferry Rd.*.....

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.