

FILED MAR 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5299**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2001** Registrar's No. **75**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	c. LENGTH OF STAY (In this place) 1 week	c. CITY OR TOWN McCune R. R. # 1	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		e. STREET ADDRESS (If rural, give location) 6 miles NE of McCune 8150 g	

3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) Zula c. (Last) Morrison			4. DATE OF DEATH (Month) (Day) (Year) February 25, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-17-1893	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Monmouth, Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lewis J. King		13b. MOTHER'S MAIDEN NAME Harriett Grandle		14. NAME OF HUSBAND OR WIFE Earl Morrison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Earl Morrison ADDRESS McCune Kansas R.R. #1	

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		INTERVAL BETWEEN ONSET AND DEATH From 2-22-55 to time of death	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis of the right circle of Willis			
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332 X		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 **11-5-38**, 19____, to **2-25-55**, 19____; that I last saw the deceased alive on **2-24-55**, 19____, and that death occurred at **6:57 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. R. Kuhn, Jr. M.D. (Degree or title)		23b. ADDRESS 321 Frisco Building, Joplin, Missouri	23c. DATE SIGNED 3-1-55
24a. BURIAL, CREMA TION, OR REMOVAL (Specify)	24b. DATE 2-27-1955	24c. NAME OF CEMETERY OR CREMATORY McCune Cemetery 138	24d. LOCATION (City, town, or county) (State) McCune, Kansas

DATE REC'D BY LOCAL REG. 3-3-55	REGISTRAR'S SIGNATURE Ed. J. James	FUNERAL DIRECTOR'S SIGNATURE George F. Brenner ADDRESS Pittsburg, Kansas
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed MAR 7 - 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 *Leet a. Thomsen*.....

Licensed Embalmer No. *359*

P. O. Address *Opus, Minn.*

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.