

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5357

FILED MAR 2 1955

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLAHOMA b. COUNTY Tulsa			
b. CITY (If outside corporate limits, write RURAL and give township) OR JOPLIN TOWNSHIP		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN TULSA		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 HIGHWAY 166 1 MILE EAST, JOPLIN			STREET ADDRESS (If rural, give location) 721 NORTH PEORIA 8350 8			
3. NAME OF DECEASED (Type or Print) a. (First) LESLIE b. (Middle) EDWARD c. (Last) MORRIS			4. DATE OF DEATH FEBRUARY 21 1955 (Month) (Day) (Year)			
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH SEPTEMBER 21 1910	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 5 Days 0	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY AUTO MACHINIC	11. BIRTHPLACE (City and State or Foreign Country) TROYVILLE, OKLAHOMA		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME EUGENE MORRIS		13b. MOTHER'S MAIDEN NAME PEARL SPASS		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 448-14-3803 (If yes, give war or dates of service) W.W.#2	17. INFORMANT'S SIGNATURE OR NAME J. J. MORRIS		ADDRESS SAPULPA, OKLA	
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) <i>Injuries Multiple Extreme Instantaneous</i>				INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbidity 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. E8164 20					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE ACCIDENT (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 166 1/2 Miles E. of Joplin	21c. (CITY, TOWN, OR TOWNSHIP) 049 JASPER MO. (COUNTY) (STATE)				
21d. TIME OF INJURY 2-21-55 4:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? IN PASSING CAR STRUCK ON COMING CAR IN OPPOSITE LANE				
22. I hereby certify that I attended the deceased from (20 N 10 ASTEND), 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 P.M., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>W. J. Morris, Jr. Commissioner Jasper County</i>			23b. ADDRESS <i>Jessie Hottel Bldg Joplin</i>		23c. DATE SIGNED 2-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE FEB. 23, 1955	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) TULSA, OKLAHOMA (State)			
DATE REC'D BY LOCAL REG. 2-23-55	REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i> 474		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO			

(Licensed Emballer's Statement on Reverse Side)

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

MAR 4 1955

AUG 18 1955

MAR 28 1955

MAR 22 1955

MAR 11 1955

MAR 8 1955

MAR 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 *Richard Gray*.....

Licensed Embalmer No. *44*.....

P. O. Address *Webb*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.