

FILED MAR 14 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5492**

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 491

582
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Brookfield</u>	c. LENGTH OF STAY (In this place) <u>70 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>0582</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>412 So. Main</u>		d. STREET ADDRESS (If rural, give location) <u>412 So. Main</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) <u>JOSEPH</u>	a. (First)	b. (Middle) <u>Z</u>	c. (Last) <u>MORRIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-28-1955</u>
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5. SEX <u>Mo</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Jan-2-1880</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>26</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work the longest part of working life, even if retired) <u>Retired Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
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13a. FATHER'S NAME <u>Franklin Morris</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Gilbert</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Grace Goode</u>	ADDRESS <u>Brookfield Mo</u>
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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 <u>5 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Peripheral occlusion</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis left leg</u>		<u>4201</u>	

19a. DATE OF OPERATION <u>Aug 1954</u>	19b. MAJOR FINDINGS OF OPERATION: <u>Amputation rt leg for arteriosclerotic gangrene</u>	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)	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 19 1954 to Feb 28, 1955, that I last saw the deceased alive on 2-28, 1955, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Dyer M.D.</u>	(Degree or title)	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>3/1/55</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/2/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-7-55</u>	REGISTRAR'S SIGNATURE <u>Madie Blacklock</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Blacklock</u>	ADDRESS <u>Brookfield Mo.</u>
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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

Student Embalmer

Signed

J. R. Blacklock

Licensed Embalmer No. *2246*

P. O. Address *Brookfield Mo*

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 this body is not embalmed, fact should be so stated above.