

No. 300
10.48

FILED APR 11 1955

STANDARD CERTIFICATE OF DEATH

State File No. 8620

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595 Registrar's No. 1440

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Rock Township		c. LENGTH OF STAY (in this place) 5 Months	c. CITY OR TOWN Rural Rock Twn.
d. FULL NAME OF HOSPITAL OR INSTITUTION Club #45 Near Arnold, Mo.		e. STREET ADDRESS (If rural, give location) Club #45 near Arnold, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Jessie b. (Middle) L. c. (Last) Morey			4. DATE OF DEATH (Month) (Day) (Year) Mar. 27, 1955		
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 22, 1907	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME Frank Rohr		13b. MOTHER'S MAIDEN NAME Kate Graham		14. NAME OF HUSBAND OR WIFE Alvin D. Morey	
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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. None	17. INFORMANT'S SIGNATURE OR NAME Alvin D. Morey		ADDRESS Arnold, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy.			INTERVAL BETWEEN ONSET AND DEATH 11 days	
ANTECEDENT CAUSES Morbid 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.					

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) 334 X	
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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 **Mar 21, 1955**, to **Mar 27, 1955**, that I last saw the deceased alive on **Mar 26, 1955**, and that death occurred at **9:15a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Waldorf Hill	23b. ADDRESS M. D. 3606 Loman Ferry Rd. St. Louis, Mo.	23c. DATE SIGNED 3/28/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar 30, 55	24c. NAME OF CEMETERY OR CREMATORY Sandy Baptist Cem.	24d. LOCATION (City, town, or county) (State) Sandy, Mo.
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DATE REC'D BY LOCAL REG. 4/2/55	REGISTRAR'S SIGNATURE Ruth Jirsa	25. FUNERAL DIRECTOR'S SIGNATURE Heiligtag Funeral Home	ADDRESS Imperial, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 6 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 *Elmer A. Haligtag*

Licensed Embalmer No. *357*

P. O. Address *Imperia*

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.