

FILED MAY 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11722**

BIRTH NO.		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. LENGTH OF STAY (In this place) 6 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "R" Sisson Twp.			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Christa Hogan Hospital				d. STREET ADDRESS (If rural, give location) Pomona, Missouri, Rt. 1			
3. NAME OF DECEASED (Type or Print) HELEN		a. (First)		b. (Middle) HUNT		c. (Last) MORSE	
4. DATE OF DEATH (Month) (Day) (Year) Apr. 27, 1955		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH July 11, 1895		9. AGE (In years last birthday) 59		IF UNDER 1 YEAR Months Days		IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Seneca, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Owen N. Henderson		13b. MOTHER'S MAIDEN NAME Anna Novak		14. NAME OF HUSBAND OR WIFE Arthur Morse			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur Morse, Pomona, Mo., Rt. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma of lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant schwannoma DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coccyxia Pulmonary insufficiency 6 mo.				INTERVAL BETWEEN ONSET AND DEATH 4 years 4-5 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 193 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>August</u> , 19 <u>54</u> , to <u>4/27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4/26</u> , 19 <u>55</u> , and that death occurred at <u>6: a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE M. S. Fowler				23b. ADDRESS m d o 914 Broadway West Plains Mo		23c. DATE SIGNED 4/28/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal to		24b. DATE Apr. 28, 1955		24c. NAME OF CEMETERY OR CREMATORY Seneca City Cemetery		24d. LOCATION (City, town, or county) (State) Seneca, Kansas.	
DATE REC'D BY LOCAL REG. 4-28-55		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE Hal Thourburgh		ADDRESS W. Plains, Mo.	

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

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 _____

Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address W. Plains, D.

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.