

FILED APR 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5775

12624

State File No.

Registrar's No. 75

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 700		State File No.		Registrar's No. 75			
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Macon							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon				c. LENGTH OF STAY (in this place) 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon <i>06/8</i>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake View Rest Home				d. STREET ADDRESS (If rural, give location)							
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle)			c. (Last) Morrison			4. DATE OF DEATH (Month) (Day) (Year) 3/26/1955		
5. SEX 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Apr. 14, 1867		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 11 Days 29	IF UNDER 2 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME unkown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Roy Sunderland, Macon, Mo. ADDRESS							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>										INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident										1 wk.	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>										Several years.	
DUE TO (b) Cerebral arteriosclerosis											
DUE TO (c)											
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Jan. 1, 1955, to 3/25, 1955 , that I last saw the deceased alive on 3/25, 1955 , and that death occurred at 6:00 a.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) D. L. Darden, D.O.					23b. ADDRESS Macon, Mo.				23c. DATE SIGNED 3/31/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/28/1955		24c. NAME OF CEMETERY OR CREMATORY Woodlawn			24d. LOCATION (City, town, or county) (State) Macon, MO.				
DATE REC'D BY LOCAL REG. 4/15/55		REGISTRAR'S SIGNATURE Ruth M. Weely			185 FUNERAL DIRECTOR'S SIGNATURE R. Keller Bram		ADDRESS Macon, Mo.				

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

610 f

RECEIVED 4.19.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 4.55.57
Date Filed 4.22.55

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

Howard Fryer

Licensed Embalmer No.

4494

P. O. Address

Macon 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.