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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1955

State File No. 19136

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY VERNON	
b. CITY OR TOWN JOPLIN	c. LENGTH OF STAY (In this place) 2 DAYS	c. CITY OR TOWN SHELDON	1080
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) DORA	b. (Middle) VIOLA (BOWKER)	c. (Last) MORNINGSTAR	(Month) JUNE	(Day) 17	(Year) 1955

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 6, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR 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 OWN HOME		11. BIRTHPLACE (State or foreign country) HANCOCK COUNTY, ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME EFFIE YOUNG		14. NAME OF HUSBAND OR WIFE FRANK MORNINGSTAR	
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS BEULAH V. MORNINGSTAR, JOPLIN, MO.		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage.		ANTECEDENT CAUSES				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
		DUE TO (b) Arteriosclerosis, cerebral				
		DUE TO (c) Hypertensive cardiovascular disease.				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death.			331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No 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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 6-16, 1955, to 6-17, 1955, that I last saw the deceased alive on 6-16, 1955, and that death occurred at 3:05 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James S. Quisenberry M.D.		23b. ADDRESS 410 Jackson, Joplin, Missouri		23c. DATE SIGNED 6-17-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-20-55	24c. NAME OF CEMETERY OR CREMATORY SHELDON CEMETERY	24d. LOCATION (City, town, or county) (State) VERNON COUNTY, MISSOURI		
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DATE REC'D BY LOCAL REG. 6-19-55	REGISTRAR'S SIGNATURE by Walter Lampkin		138-	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEENY FUNERAL HOME, SHELDON, MISSOURI	
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed **JUN 21 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *S. Bernard Beery*

Signed.....
Student Embalmer

Licensed Embalmer No. *4161*

P. O. Address *Sheldon, 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.