

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20842**

FILED JUL 11 1955

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **381** PRIMARY REG. DIST. NO. **45-15** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY <b>SULLIVAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SULLIVAN</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MILAN, MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MILAN, MO</b> <b>1050</b>	
c. LENGTH OF STAY (In this place) <b>21 days</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>SULLIVAN CO. MEMORIAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARTHA</b>	b. (Middle) <b>ELVA</b>	c. (Last) <b>MORRIS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6-30-1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>April 3, 1887</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Month <b>2</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ROBERT LAWRENCE</b>	13b. MOTHER'S MAIDEN NAME <b>PRINCESS KNIEG</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Louise Morris</b>	ADDRESS <b>Milan, Mo</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>hypostatic pneumonia</b>		<b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malnutrition &amp; dehydration</b> <b>metastatic mucoid carcinoma of mesocolon</b> DUE TO (c)		<b>4 wks</b>
II. OTHER SIGNIFICANT CONDITIONS <b>Chronic coronary insufficiency, chronic cholecystitis, obesity, cholelithiasis</b> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>4/9/55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Chronic cholecystitis &amp; cholelith Metastatic mucoid carcinoma of mesocolon - 158 x</b>	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **6-30**, 19**55**, and that death occurred at **2:33 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph E. Proot, D.O.</b>	(Degree or title)	23b. ADDRESS <b>2217 E. Second St., Milan</b>	23c. DATE SIGNED <b>6/30/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>7/2/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakwood Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Milan - Mo</b>
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DATE REC'D BY LOCAL REG. <b>7-2-1955</b>	REGISTRAR'S SIGNATURE <b>Mrs. H. B. Harris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>August Schwenk</b>	ADDRESS <b>Milan - Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1050

**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 \_\_\_\_\_

*Dwight Schaefer*

Licensed Embalmer No. \_\_\_\_\_

*2667*

P. O. Address \_\_\_\_\_

*Mulane - 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.