

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21205

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 729

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> <u>002.0</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u> <u>0</u> township) c. LENGTH OF STAY (In this place) <u>3 wks.</u>		c. CITY OR TOWN <u>St. Joseph</u> d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>RR #2, Country Club Place</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MODE</u> b. (Middle) _____ c. (Last) <u>MORSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12, 1955</u>		
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5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 16, 1876</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Emma Morse</u>		
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Emma Morse, RR #2, St. Joseph, Mo.</u>			
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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 <u>7 days</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration pneumonia</u>							
		ANTECEDENT CAUSES							
		Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Aspirated vomitus</u> DUE TO (c) <u>Anesthesia for evisceration repair</u>							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Bleeding duodenal ulcer</u>							

19a. DATE OF OPERATION <u>7-4-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bowel evisceration through abd. wound</u> <u>5410</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 July 1, 19 55, to July 12, 19 55, that I last saw the deceased alive on July 12, 19 55, and that death occurred at 10:35A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Buckley M.D.</u>		23b. ADDRESS <u>507 Conley Bldg., City</u>		23c. DATE SIGNED <u>7-21-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>July 12, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>July 21, 1955</u>		REGISTRAR'S SIGNATURE <u>Cather M. Allison</u> <u>485-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</u>	
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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.....
Signature of Student Embalmer

Signed.....
Raymond H. Monahan

Licensed Embalmer No..... 491

P. O. Address.....
Deerfield

**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.**