

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 19 1955

BIRTH NO. REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBB CITY	
c. LENGTH OF STAY (In this place) 44 YRS		d. STREET ADDRESS (If rural, give location) 120 1/2 NORTH WEBB ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 120 1/2 NORTH WEBB STREET			

3. NAME OF DECEASED (Type or Print)	a. (First) MABEL	b. (Middle) FLORENCE	c. (Last) MORRIS	4. DATE OF DEATH (Month) (Day) (Year) JULY 12 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED.	8. DATE OF BIRTH JULY 11, 1893	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR 0 Months 0 Days	11. UNDER 1 MRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME JOHN W. MORRIS	13b. MOTHER'S MAIDEN NAME MARY ALICE COOLEY	14. NAME OF HUSBAND OR WIFE NONE
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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 RALPH MORRIS WEBB CITY 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 5 years.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thyrotoxicosis	DUE TO (b)		
ANTECEDENT CAUSES	DUE TO (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.	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death. Acute Tachycardia.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF 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 7/11, 1955, to 7-12, 1955, that I last saw the deceased alive on 7-11, 1955, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Ferguson, MD	23b. ADDRESS Webb City Mo	23c. DATE SIGNED 7/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-13-1955	24c. NAME OF CEMETERY OR CREMATORY MESSER CEMETERY	24d. LOCATION (City, town, or county) (State) GALENA KANSAS
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DATE REC'D BY LOCAL REG. 7-13-55	REGISTRAR'S SIGNATURE Mrs. Madeline Surber	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO
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COUNTY PRO...
Date Filed
JUL 1 1900

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

Richard Gray Lewis

Licensed Embalmer No.

4485

P. O. Address

Wab City, 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.