X No. 300
10.48

FILED OCT 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29380

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 105

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

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KENNETT
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DUNKLIN MEMORIAL HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PEMISCOT
c. CITY OR TOWN: BRAGG CITY RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): ROUTE # 1 BRAGG CITY, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): LESTER
c. (Last): MORRIS

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 4 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT 19. 1910
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and State or Foreign Country): EAST PAIRIE, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: RICHARD MORRIS
13b. MOTHER'S MAIDEN NAME: NELLIE JACKSON
14. NAME OF HUSBAND OR WIFE: BEATRICE B. MORRIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR 11
16. SOCIAL SECURITY NO.: 498-01-5997
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: BEATRICE B. MORRIS, BRAGG CITY MO

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Basal Fracture of Skull — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

8240
32

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Gravel road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Bakerville, Pemiscot Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 4, 1955 11 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell out of truck when tailgate came opened.

22. *I hereby certify that I attended the deceased from* 12 None 9-4- *19*55, *to* 3 P.M. 9-4, *19*55, *that I last saw the deceased alive on* 9-4-, *19*55, *and that death occurred at* 3 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quinton Tarver, M.D.
23b. ADDRESS: Kennett, Mo.
23c. DATE SIGNED: 9-6-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT. 6. 1955
24c. NAME OF CEMETERY OR CREMATORY: DITTLE PAIRIE
24d. LOCATION (City, town, or county) (State): CARUTHERSVILLE, MO.

DATE REC'D BY LOCAL REG.: 9-7-55
REGISTRAR'S SIGNATURE: Earl Husband
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: L. R. Cunningham, Kennett, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUPLICATE COUNTY HEALTH
DEPARTMENT 9-23-55
COUNTY FILE NUMBER 955-228

NOV 8 1956

MAR 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lyman R. Cunning

Licensed Embalmer No. 4

P. O. Address Kenneth

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.