

FILED SEP 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 29606BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) West Plains,		c. LENGTH OF STAY (in this place) 12 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) West Plains		d. STREET ADDRESS (If rural, give location) 608 Monks Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence		04610	
3. NAME OF DECEASED (Type or Print) DEWEY		a. (First) MORRISON	
b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 8, 1955		5. SEX male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Sept. 14, 1899		9. AGE (In years last birthday) 55	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	
11. BIRTHPLACE (State or foreign country) Ozark County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME S. A. Morrison		13b. MOTHER'S MAIDEN NAME Nancy B. Morrison	
14. NAME OF HUSBAND OR WIFE Myrtle Freeman Morrison		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. 487-24-0590		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dewey Morrison, W. Plains, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 9 mos.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X	
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 <u>4/12</u> , 1955, to <u>9/8</u> , 1955, that I last saw the deceased alive on <u>9/9</u> , 1955, and that death occurred at <u>6:30 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE M. L. Fowler		23b. ADDRESS West Plains Mo.	
23c. DATE SIGNED 9/12/55		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE Sep. 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	
24d. LOCATION (City, town, or county) (State) West Plains, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beatrice Cook 379 W. Plains, Mo.	
DATE REC'D BY LOCAL REG. 9.15.55		REGISTRAR'S SIGNATURE Beatrice Cook	

(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1955

APR 17 1956

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, ~~on~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Hal Thomsen

Licensed Embalmer No. 3408

P. O. Address W. Plains,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.