

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MONTANA
STANDARD CERTIFICATE OF DEATH

State File No. 30142

| | | | | | | | |
|--|--|---|---|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 187 | | PRIMARY REG. DIST. NO. 5694 | | Registrar's No. 170 | |
| 1. PLACE OF DEATH a. COUNTY Livingston | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Montana b. COUNTY Ravalli | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Chillicothe Twp. | | c. LENGTH OF STAY (In this place) --- | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stevensville | | 8-20-55 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 36, Four Miles east of Chillicothe | | | | d. STREET ADDRESS xxx | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ALLEN b. (Middle) EUGENE c. (Last) MORRISON | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1955 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Apr. 26, 1907 | |
| | | | | 9. AGE (In years last birthday) 48 | | 10. UNDER 1 YEAR Months Days 11. UNDER 1 HR. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer | | 10b. KIND OF BUSINESS OR INDUSTRY Retail grocery | | 11. BIRTHPLACE (City and State or Foreign Country) Iowa | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Charles Morrison | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | 14. NAME OF HUSBAND OR WIFE Mildred | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown | | 16. SOCIAL SECURITY NO. Unknown | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mildred Morrison, Stevensville, Mont. | | | |
| 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* Contusion & Laceration of Brain ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skull fracture at Rt. Orbit 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 Instant Instant. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION: | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 36 | | 21c. (CITY, TOWN, OR TOWNSHIP) Chillicothe, Livingston, Mo | | 21d. (COUNTY) 059 (STATE) | |
| 21d. TIME OF INJURY Sept-24-55 5p m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Automobile Accident | | | |
| 22. I hereby certify that I attended the deceased from <u>None</u> , 19 <u> </u> , to <u> </u> , 19 <u> </u> , that I last saw the deceased alive on <u>Sept. 24, 1955</u> , and that death occurred at <u>5 P m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Joseph A. Conrad, M.D. (Coroner) | | | | 23b. ADDRESS Chillicothe, Mo | | 23c. DATE SIGNED Sept 24 55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Sept. 25, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY xx | | 24d. LOCATION (City, town, or county) Stevensville, Mont. (State) | |
| DATE REC'D BY LOCAL REG. Sept-26-55 | | REGISTRAR'S SIGNATURE Frances B Neill | | 25. FUNERAL DIRECTOR'S SIGNATURE Ronald Gordon - Chillicothe Mo. | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

556
MAY 6 1955

REC'D
MAY 5 1955

1955

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 Ronald Gordon

Licensed Embalmer No. 4191

P. O. Address Phillips 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.