

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32470**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **400**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 29 yr		STREET ADDRESS (If rural, give location) 331 S Lorimier	
d. FULL NAME OF HOSPITAL OR INSTITUTION 331 S Lorimier			

3. NAME OF DECEASED (Type or Print) a. (First) Mack b. (Middle) S c. (Last) Morrow	4. DATE OF DEATH (Month) (Day) (Year) Oct 14, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 6 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 7 Days 18	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Transfer Business	11. BIRTHPLACE (City and State or Foreign Country) Scott County, Benton Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME James Morrow	13b. MOTHER'S MAIDEN NAME Lee	14. NAME OF HUSBAND OR WIFE Katie Morrow Cape Gir.
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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. xxxx	17. INFORMANT'S SIGNATURE OR NAME Mrs. Katie Morrow ADDRESS Cape Gir. Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 1 Minute
	ANTECEDENT CAUSES DUE TO (b) 331x		
	DUE TO (c)		
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 <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 **10-14**, 19**55**, to **10-14**, 19**55**, that I last saw the deceased alive on **10-14**, 19**55**, and that death occurred at **11:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. N. Ester (Degree or title)	23b. ADDRESS Cape Girardeau, Mo.	23c. DATE SIGNED 10-15-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 16 1955	24c. NAME OF CEMETERY OR CREMATORY Fairmount Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.
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DATE REC'D BY LOCAL REG. 10-18-55	REGISTRAR'S SIGNATURE T. C. Summers 44-0	25. FUNERAL DIRECTOR'S SIGNATURE W. N. Ester ADDRESS Benton Cape Gir. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 3 1951

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 NEIL H. GROSSHEIDER....., Student Embalmer No. 52..... working under my personal supervision..

Student..... Neil H. Grossheider
Signature of Student Embalmer

Signed..... W. H. Estes.....

Licensed Embalmer No. 356.....

P. O. Address Cape Hi.....

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