

STANDARD CERTIFICATE OF DEATH

State File No. **32703**

FILED NOV 14 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **132**

1. PLACE OF DEATH a. COUNTY <b>D unclin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kennett</b>		c. LENGTH OF STAY (In this place) <b>Days</b>	c. CITY OR TOWN <b>Wichita Falls</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Presnell Hosp.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>3428</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Loyd</b> b. (Middle) _____ c. (Last) <b>Morris</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 6, 1955</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Oct. 16, 1902</b>	9. AGE (In years last birthday) <b>52</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / <b>Rector Ark</b>	
				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>John T. Morris</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Parks</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry Morris</b>	ADDRESS <b>Rector Ark</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic nephritis</b> DUE TO (c) <b>592x</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>			

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)
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 **9/11/55**, to **10/6, 1955**, that I last saw the deceased alive on **10/6, 1955**, and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L.C. Wilson M.D.</b>	(Degree or title)	23b. ADDRESS <b>Kennett, Mo.</b>	23c. DATE SIGNED <b>10/11/55</b>
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24a. BURIAL, CREMATION, REMOVAL Buried	24b. DATE <b>10-7-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodland Heights</b>	24d. LOCATION (City, town, or county) (State) <b>Rector Ark.</b>
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DATE REC'D BY LOCAL REG. <b>10-22-55</b>	REGISTRAR'S SIGNATURE <b>Carl Hubert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Irby</b>	ADDRESS <b>Rector Ark.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLETT COUNTY HEALTH

DEPARTMENT 10-21-55

COUNTY FILE NUMBER 1055

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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 \_\_\_\_\_  
Signature of Student Embalmer

Signed D. W. McBride  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.