

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34019**

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon			
b. CITY (If outside corporate limits, write RURAL and give township) OR RURAL TOWN Macon Hudson		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Macon		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeview Rest Home				e. STREET ADDRESS (If rural, give location) 0618			
3. NAME OF DECEASED (Type or Print)		a. (First) Willis		b. (Middle) Crettenden		c. (Last) Morris	
4. DATE OF DEATH		(Month) October		(Day) 24		(Year) 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 21 1865	
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 5		IF UNDER 1 YEAR Days 3		IF UNDER 1 YEAR Hours ...	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cass County Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME James E. Morris		13b. MOTHER'S MAIDEN NAME Mary Jane Masley		14. NAME OF HUSBAND OR WIFE Deceased			
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. 489-30-0656		17. INFORMANT'S SIGNATURE OR NAME Alma Elliott		ADDRESS Elmer 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4214				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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 Oct. 21, 1955 , to Oct 23, 1955 , that I last saw the deceased alive on Oct 23, 1955 , and that death occurred at 1:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE C.S. Edwards				(Degree or title) D.O.		23b. ADDRESS Macon Mo.	
23c. DATE SIGNED Oct 24/55		24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 26 1955		24c. NAME OF CEMETERY OR CREMATORY Steele	
24d. LOCATION (City, town, or county) (State) Macon County Mo		DATE REC'D BY LOCAL REG. 10/24/55		REGISTRAR'S SIGNATURE W. H. McCallum		FUNERAL DIRECTOR'S SIGNATURE W. H. McCallum	
				ADDRESS South Gifford Mo			

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

(Licensed Embalmer's Statement on Reverse Side)

BEC 7 1955

RECEIVED 11. 8. 55
MACON COUNTY HEALTH DEPARTMENT
County File No. 11. 55. 177
Date Filed 11. 8. 55

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 *Clyde M. Callus*
Licensed Embalmer No. 5226...

P. O. Address ..South.Gifford

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.