

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 - 1956

State File No. **40154**

BIRTH NO. _____ REG. DIST. NO. **113** PRIMARY REG. DIST. NO. **5730** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY OR TOWN St. Clair		c. CITY OR TOWN St. Clair	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) 50 yrs		STREET ADDRESS (If rural, give location) Virginia Mines Road 0360	
d. FULL NAME OF HOSPITAL OR INSTITUTION Virginia Mines Road			

3. NAME OF DECEASED (Type or Print) William Morre	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH Dec. 25, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 27, 1878	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Gen'l Store	11. BIRTHPLACE (City and State or Foreign Country) Drake, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME F. Wilhelm Morre	13b. MOTHER'S MAIDEN NAME Caroline W. Gieck	14. NAME OF HUSBAND OR WIFE Maude Morre
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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. None	17. INFORMANT'S SIGNATURE OR NAME Wilma Martin	ADDRESS St. Clair, 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, 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) Pulmonary emphysema		4 1/2 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary infarctions DUE TO (c) Pulmonary embolisms		6 wks. 6 wks.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac De-compensation w/ Hypertrophy 8yo.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	4343	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) (Min.)	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 **Feb 10th, 1954**, to **Dec 25, 1955**, that I last saw the deceased alive on **Dec 24, 1955**, and that death occurred at **8:30 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. John M. Wilkinson - D.O.	23b. ADDRESS St. Clair, Mo.	23c. DATE SIGNED 12-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-27-55	24c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery	24d. LOCATION (City, town, or county) (State) St. Clair, Mo.
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DATE REC'D BY LOCAL REG. 12-27-55	REGISTRAR'S SIGNATURE A. Lloyd Williams	25. FUNERAL DIRECTOR'S SIGNATURE Chase & Knaf	ADDRESS St. Clair, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 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, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *K. M. Levitt*.....

Licensed Embalmer No. *360*
P. O. Address *St. Clair*

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.