

No. 300  
10.48

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41411

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 230. PRIMARY REG. DIST. NO. 5810. Registrar's No. 88.

1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Montgomery Co.</u>	
b. CITY OR TOWN <u>Rhineland, Mo. Loutre</u>		c. CITY OR TOWN <u>Rhineland, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>88 yrs</u>		f. STREET ADDRESS (If rural, give location) <u>4 M-N Of Rhineland, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jessie Laura</u>	b. (Middle)	c. (Last) <u>Morrow</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19th 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 15th 1867</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Joseph C. Gentry</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Cundiff</u>	14. NAME OF HUSBAND OR WIFE <u>George Morrow, Rhineland Mo</u>
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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)	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Morrow Rhineland Mo</u>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration with decompensation - 6 wks</u>		INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>			Sev. Yrs.
	DUE TO (c) <u>Chronic glomerulonephritis, senility</u>			
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 Oct 31, 1955, to Dec. 19, 1955, that I last saw the deceased alive on Dec 18, 1955, and that death occurred at 2:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Thompson</u> (Doctor or title)	23b. ADDRESS <u>D.O. New Florence, Mo</u>	23c. DATE SIGNED <u>Dec 21, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>20th 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leach Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>3 Miles East American, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 20th 1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Eunice Bush</u>	432	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Anderson</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

1958

JAN 9

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..... *DB Baker*

Licensed Embalmer No. 3375

P. O. Address... Americus, M

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.