

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41642

State File No.

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4436 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London, Missouri</u>		c. CITY OR TOWN <u>New London, Mo.</u>	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) <u>12 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>New London, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New London, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Roy</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Morris.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 3, 1911</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 Hrs. Hours <u>17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cleaner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dry Cleaner.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rector, Arkansas.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Roe Morris.</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>	14. NAME OF HUSBAND OR WIFE <u>Single.</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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arlin German</u> ADDRESS <u>New London, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u> DUE TO (c) <u>Unknown 334X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Unknown</u>			

19a. DATE OF OPERATION <u>None</u>	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)	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 Dec 19, 1955 to Dec 20, 1955, that I last saw the deceased alive on Dec 20, 1955, and that death occurred at 6:00PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. H. Brooke D.O.</u>	23b. ADDRESS <u>Center, Mo.</u>	23c. DATE SIGNED <u>12-22-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rector, Arkansas.</u>	24d. LOCATION (City, town, or county) (State) <u>Rector, Arkansas.</u>
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DATE REC'D BY LOCAL REG. <u>12-22-55</u>	REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wilkey</u> ADDRESS <u>Perry, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 B. Wilkey*

Licensed Embalmer No. 382

P. O. Address Perry, Mo

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.