

FILED JAN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 24BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>6 days</u>	c. CITY OR TOWN <u>Brookfield</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirks. Osteopathic Hosp.</u>		STREET ADDRESS (If rural, give location) <u>220-S-Penn.</u> <u>0.587</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nannette</u> b. (Middle) <u>Kathleen</u> c. (Last) <u>Morris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 18 1914</u>
9. AGE (In years last birthday) <u>41</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe factory Emp.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Brown Shoe Co.</u>	11. BIRTHPLACE (City and State, or Foreign Country) <u>Santa Fe, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Dunlap</u>	
13b. MOTHER'S MAIDEN NAME <u>ANNA</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Morris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>yes?</u> NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Morris, 220-S-Penn - Brookfield Mo</u>
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) <u>Cerebral anoxia</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>subarachnoid hemorrhage</u> DUE TO (c) <u>Cerebral aneurysm</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>330X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jan 17 1956</u> , to <u>Jan 19 1956</u> , that I last saw the deceased alive on <u>Jan 19 1956</u> , and that death occurred at <u>7:27</u> m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>W. Lutenbach DO</u>		23b. ADDRESS <u>Hicksville Mo</u>	23c. DATE SIGNED <u>1-19-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-21-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rosehill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-19-56</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hill Funeral Home, Brookfield Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1958

JAN 7 1959

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 *J. W. Blacklock*

Licensed Embalmer No. *224*

P. O. Address *Brookfield*

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.