

FILED JAN 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 879

BIRTH NO.		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. 4176		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY DUNKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DUNKLIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MALDEN		d. STREET ADDRESS (If rural, give location) 703 STEVENSON 035/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 703 STEVENSON				d. STREET ADDRESS (If rural, give location) 703 STEVENSON			
3. NAME OF DECEASED (Type or Print) KENNETH WALLACE MORRIS		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH JAN. 15-1956		4. DATE (Month) (Day) (Year)		4. DATE OF DEATH JAN. 15-1956		4. DATE (Month) (Day) (Year)	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUG. 30-1906	
9. AGE (In years last birthday) 49		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EDITOR NEWSPAPER		10b. KIND OF BUSINESS OR INDUSTRY PAPER		9. AGE (In years last birthday) Months Days	
11. BIRTHPLACE (City and State or Foreign Country) MALDEN, MISSOURI.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		11. BIRTHPLACE (City and State or Foreign Country) MALDEN, MISSOURI.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME IRA MORRIS		13b. MOTHER'S MAIDEN NAME FLORINA WALLACE		14. NAME OF HUSBAND OR WIFE GENEVA MORRIS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME GENEVA MORRIS, MALDEN, MISSOURI.			
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) Coronary of Lung. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 163x				INTERVAL BETWEEN ONSET AND DEATH 5 mo.	
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)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 11-23-1955, to 1-15-1956, that I last saw the deceased alive on 1-10-1956, and that death occurred at 1:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE Douglas W. Bloom		23b. ADDRESS M.D. 305 W. Main - Malden Mo		23c. DATE SIGNED 1-18-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-16-1956		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) MALDEN, MO.	
DATE REC'D BY LOCAL REG. 1-18-56		REGISTRAR'S SIGNATURE J. J. Schuman 87-		25. FUNERAL DIRECTOR'S SIGNATURE DAY FUNERAL HOME MALDEN, MO.			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNDEEN COUNTY HEALTH
DEPARTMENT 1-25-8
COUNTY FILE NUMBER 150

1981
9
1981

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
Student Embalmer

Signed.....

J. J. Schuman
Licensed Embalmer No. 4086
P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.