

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2153**
Registrar's No. **55**

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY NODAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE IOWA b. COUNTY TAYLOR			
b. CITY (If outside corporate limits, write RURAL and give town) MARYVILLE		c. LENGTH OF STAY (In this place) 15 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BEDFORD		d. STREET ADDRESS (If rural, give location) NORTH BENT STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL				8/140 8			
3. NAME OF DECEASED (Type or Print) a. (First) MELLIE		b. (Middle) SUZANNE		c. (Last) MORRIS		4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 1956	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 11, 1860	
9. AGE (In years last birthday) 95		IF UNDER 1 YEAR Months 1 Days 5		IF UNDER 24 HRS. Hours Min. 		11. BIRTHPLACE (State or foreign country) Tama county Iowa	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY house work		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Alexis Sebillé	
13b. MOTHER'S MAIDEN NAME Pauline		13c. NAME OF HUSBAND OR WIFE Unknown		14. NAME OF HUSBAND OR WIFE A. K. Morris		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 <i>Alex Morris</i>		ADDRESS <i>Bedford, Ia</i>		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		ANTECEDENT CAUSES Morbidity 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. 331x		INTERVAL BETWEEN ONSET AND DEATH 18 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 1-6 1956 , to 1-16 1956 , that I last saw the deceased alive on 1-16 1956 , and that death occurred at 5 A m., from the causes and on the date stated above.					
23a. SIGNATURE <i>J. F. Hardin</i>		(Degree or title) _____		23b. ADDRESS <i>Bedford, Ia</i>		23c. DATE SIGNED 1-17-56	
24a. FURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 16 1956		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Bedford Taylor County, Ia	
DATE REC'D BY LOCAL REG. 1-21-56		REGISTRAR'S SIGNATURE <i>Kess Holt</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Boyd G. Novinger</i>		ADDRESS <i>Bedford, Ia</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Boyd G. Novinger L. E. #3512 (Iowa) Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Boyd G. Novinger

Licensed Embalmer No. 3512

P. O. Address Bedford, Iowa

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