

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 23 1956

State File No. 3677

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 52

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

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Morris Twp.	
c. LENGTH OF STAY (In this place) 8 mo.		d. STREET ADDRESS (If rural, give location) 10 mi. SW Green City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Nursing Home #2			

3. NAME OF DECEASED (Type or Print)	a. (First) Clara	b. (Middle) Alice	c. (Last) Morris	4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 16, 1861	9. AGE (In years last birthday) 94	10. KIND OF BUSINESS OR INDUSTRY Farm home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Emanuel Carmack	13b. MOTHER'S MAIDEN NAME Hannah Goodwin	14. NAME OF HUSBAND OR WIFE Joseph Morris
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Grover Morris, Kirksville, Mo.	ADDRESS Kirksville, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Angioma		INTERVAL BETWEEN ONSET AND DEATH Sudden 13.5 hours years months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiovascular collapse		
	DUE TO (c) Senile vascular degeneration		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cochepia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	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)
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 **Jan 16, 1956**, to **February 16, 1956**, that I last saw the deceased alive on **January 15, 1956**, and that death occurred at **5:59 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Wheeler, D.O.	23b. ADDRESS Kirksville, Mo.	23c. DATE SIGNED Febr. 16, 1956
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24a. BURIAL, CREMATION, DISPOSAL (Specify) Burial	24b. DATE 2/18/1956	24c. NAME OF CEMETERY OR CREMATORY Baker Cemetery	24d. LOCATION (City, town, or county) (State) Sullivan Co., Mo.
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DATE REC'D BY LOCAL REG. 2-18-56	REGISTRAR'S SIGNATURE Wate Lambert	1-0	25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Lenthorn	ADDRESS Green City, Mo.
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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 Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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 this body is not embalmed, fact should be so stated above.