

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8507**
Registrar's No. **30**

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. #038		Registrar's No. 30		
1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY CLINTON				
b. CITY OR TOWN LATHROP		c. LENGTH OF STAY (in this place) 69 YRS		c. CITY OR TOWN LATHROP		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) Home				
3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Evelyn c. (Last) Morse			4. DATE OF DEATH (Month) (Day) (Year) MAR. 20, 1956					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug. 26, 1886		
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 HS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) LATHROP, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME G.A. Hall			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE CORT M. MORSE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 496-01-9374B		17. INFORMANT'S SIGNATURE OR NAME CORT M. MORSE ADDRESS LATHROP, MO				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart					INTERVAL BETWEEN ONSET AND DEATH	
		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.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x					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) (Min.)		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 2/20/56 to 3/20/56 , that I last saw the deceased alive on 3/19/56 , and that death occurred at 11 a m. , from the causes and on the date stated above.								
23a. SIGNATURE [Signature] (Degree or title)				23b. ADDRESS Lathrop		23c. DATE SIGNED 3/20/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR. 22-56		24c. NAME OF CEMETERY OR CREMATORY LATHROP CEMETERY		24d. LOCATION (City, town, or county) (State) LATHROP MO.		
DATE REC'D BY LOCAL REG. 90-08-24-56		REGISTRAR'S SIGNATURE Winifred W. Moser		25. FUNERAL DIRECTOR'S SIGNATURE DeMoss CRUNK, CAMERON, MO ADDRESS				

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 *James L. Lunn*.....

Licensed Embalmer No. *2533*

P. O. Address *Cameron*.....

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.