

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17172

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <i>Orionton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Lawrence</i>	
b. CITY OR TOWN <i>Granby</i> 4 c. LENGTH OF STAY (in this place) <i>9 mos</i>		c. CITY OR TOWN <i>Miller</i> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 550	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Beaumont Nursing Home</i>		No. STREET ADDRESS (If rural, give location) <i>7 mi. W. of Miller</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>MARVIN</i> b. (Middle) <i>OSWALD</i> c. (Last) <i>MORRIS</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>5 6 1956</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>2-14-1893</i>
9. AGE (in years last birthday) <i>63</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>16</i>	IF UNDER 4 HRS. Hours <i>✓</i> Min. <i>✓</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired attorney</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Law</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Miller, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Clarence Morris</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Quinnell Morris</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Carl E. Morris Anderson Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebrovascular accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Hypertensive cardiovascular disease</i>	
		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 <i>443x</i>		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 <i>16 28</i> , 19 <i>56</i> , to <i>5/6</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>5/27</i> , 19 <i>56</i> , and that death occurred at <i>3:30 p.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Charles O. Chestnut D.O.</i>		23b. ADDRESS <i>Granby, Mo.</i>	23c. DATE SIGNED <i>5/8/56</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-8-1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Grand Point Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Miller, Mo.</i>
DATE REC'D BY LOCAL REG. <i>May 18 56</i>	REGISTRAR'S SIGNATURE <i>M. L. Young</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>R.E. Chestnut Anderson Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number \_\_\_\_\_

Date Filed MAY 24 1966

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 me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ ✓  
working under my personal supervision..

Student \_\_\_\_\_ ✓  
Signature of Student Embalmer

Signed P. E. Cheatham \_\_\_\_\_

Licensed Embalmer No. 381

P. O. Address Anderson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.