

FILED JUN 29 1956

STANDARD CERTIFICATE OF DEATH

State File No. **22021**
Registrar's No. **5766**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 5766	
1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Cook		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Chicago		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 Desloge Hospital			e. STREET ADDRESS (If rural, give location) UNK.		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle)	c. (Last) Morris	4. DATE OF DEATH (Month) (Day) (Year) 6 16 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6-2-1884	9. AGE (In years) (Last birthday) 72 IF UNDER 1 YEAR Months 0 Days 14 IF UNDER 24 Hrs. Hours 14 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oilier		10b. KIND OF BUSINESS OR INDUSTRY Mach. Shop		11. BIRTHPLACE (City and State or Foreign Country) Bonne Terre, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Taylor Morris		13b. MOTHER'S MAIDEN NAME Lucy Boyer	
14. NAME OF HUSBAND OR WIFE Neoma May Morris (Dec)		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 William Morris, Florissant, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bile-Duct Carcinoma		b. Metastases to liver		c. Cholangitis	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Metastasis to Liver		DUE TO (c) Cholangitis	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. DATE OF OPERATION 15:5X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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.) 6-16-56	
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 May 56 , 19 56 , to June 16, 1956 , that I last saw the deceased alive on June 16, 1956 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above 6-17-56	
23a. SIGNATURE J. F. Rowley M.D. (Degree or title)		23b. ADDRESS Desloge Hospital St. Louis		23c. DATE SIGNED 6-17-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-19-1956		24c. NAME OF CEMETERY OR CREMATORY Three Rivers Cemetery	
24d. LOCATION (City, town, or county) (State) Farmington RR#2 Mo.		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Boyer & Son Funeral Home Desloge, M ADDRESS	

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

m 93 (Licensed Embalmer's Statement on Reverse Side)

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 *C. J. Boyer*.....

Licensed Embalmer No. *1671*.....

P. O. Address *Desloge, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.