

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23538**

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, write RURAL and give township) West Pladns		c. CITY OR TOWN Thayer	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 Stoll Surgical Hospital		e. STREET ADDRESS (If rural, give location) 0750	

3. NAME OF DECEASED (Type or Print) a. (First) Minnie	b. (Middle) V.	c. (Last) Morse	4. DATE OF DEATH (Month) (Day) (Year) July 22 1956
---	-----------------------	------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 22, 1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 11 Days 0	IF UNDER 24 HRS. Hours 0 Min.
----------------------	-------------------------------	---	---	---	--	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Myrtle, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	--	---

13a. FATHER'S NAME J. F. Hefner	13b. MOTHER'S MAIDEN NAME Mary L. Barton	14. NAME OF HUSBAND OR WIFE M. J. Morse
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME M. J. Morse, Thayer, Missouri	ADDRESS
---	--	--	---------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION.		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephelomalacia		11 mo
	ANTECEDENT CAUSES	DUE TO (b) Cerebral Thrombosis	11 mo
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) Carotid ligation for Cerebral Aneurysm	11 mo
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X			

19a. DATE OF OPERATION 8-6-56	19b. MAJOR FINDINGS OF OPERATION at Baptist Hospital Memphis Tenn	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)	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 3-10, 1956, to 7-22, 1956, that I last saw the deceased alive on 7-22, 1956, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS West Plains 172 8/1/56	23c. DATE SIGNED
---	--	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 24, 1956	24c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery	24d. LOCATION (City, town, or county) (State) Thayer Oregon Missouri
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 8-10-56	REGISTRAR'S SIGNATURE Beatrice Cook	25. FUNERAL DIRECTOR'S SIGNATURE Almond Carter ADDRESS Thayer, mo
---	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

379

AUG 14 1958

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 *Alfred Carter*.....

Licensed Embalmer No. *4516*

P. O. Address *Highway 124*

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.