

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27908

STATE FILE NUMBER

FILED AUG 16 1956

Registration District No. 290 Primary Registration District No. 4431 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dixon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hancock</u> <u>0850</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mission Rest Home</u>		Length of stay in 1b <u>1 year</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>W.</u> Last <u>Morrow</u>			4. DATE OF DEATH Month <u>8</u> Day <u>8</u> Year <u>1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>Widowed</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12/2/1884</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Work</u>	11. BIRTHPLACE (City and state or country) <u>Miller County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	

13. FATHER'S NAME <u>J. T. Morrow</u>		14. MOTHER'S MAIDEN NAME <u>Nancy Rowden</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT <u>Mr. Everett Morrow</u> Address <u>428 E. McCarty Jefferson City, Mo.</u>

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemiplegia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>			<u>2 days.</u>
DUE TO (c) <u>Vascular hypertension. Arteriosclerosis.</u>			<u>Unknown.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>331x</u>		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____

21. I attended the deceased from 8-6-56 to 8-8-56 and last saw him alive on 8-8-56
Death occurred at 6:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Douglas Gates</u> (Degree or title) <u>D.O.</u>	22b. ADDRESS <u>Dixon, Mo.</u>	22c. DATE SIGNED <u>8-9-56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/10/1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Seaton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Marion County, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Fred H. Gilbert, Dixon, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>8-10-56</u>	26. REGISTRAR'S SIGNATURE <u>Paul E. Anderson</u>

(Licensed Embalmer's Statement on Reverse Side)

300-56
 with, Welfare, Public Service
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 59

RECEIVED 8-11-56
Pulaski County Health Officer
104
File Number
Date filed 8-16-56

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 *Maurice E. Schierbaum*

Licensed Embalmer No. 45

P. O. Address Dixon, Miss

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