

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31288**

FILED SEP 17 1956

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4281		Registrar's No. 69	
1. PLACE OF DEATH a. COUNTY Lewis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis			
b. CITY (If outside corporate limits, write RURAL and give town or township) Canton Canton		c. LENGTH OF STAY (In this place) 20 yrs.		c. CITY OR TOWN Canton		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 At home				e. STREET ADDRESS (If rural, give location) 405 White St.			
3. NAME OF DECEASED (Type or Print) a. (First) Nancy		b. (Middle) -		c. (Last) Morrow		4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 26, 1864	
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lewis County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Edwin Lavelle		13b. MOTHER'S MAIDEN NAME Sabina Patton		14. NAME OF HUSBAND OR WIFE John Morrow	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lula Jackson, Canton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Cardiac Weakness ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500				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 Feb. 10, 1949 , to Aug 28, 1956 , that I last saw the deceased alive on Aug 28, 1956 , and that death occurred at 10:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Sam H. Roberts, D.O.		(Degree or title)		23b. ADDRESS Canton, Mo.		23c. DATE SIGNED 9-4-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 1, 1956		24c. NAME OF CEMETERY OR CREMATORY Zion Hill Cemetery		24d. LOCATION (City, town, or county) (State) Lewis County, Mo.	
DATE REC'D BY LOCAL REG. 9-4-56		REGISTRAR'S SIGNATURE P.W. Jennings, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Chas. H. Buckley		ADDRESS Canton, Mo.	
(Licensed Embalmer's Statement on Reverse Side)							

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

161-0

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.....

Earl H. Barkley

Licensed Embalmer No. *2615*

P. O. Address.....
Camden, N.J.

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.