

FILED NOV 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34839**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **233** PRIMARY REG. DIST. NO. **F348** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <b>Hellsville</b>		c. CITY OR TOWN <b>Hellsville</b>	
c. LENGTH OF STAY (in this place) <b>7 weeks</b>		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 <b>Hellsville mo</b>		f. STREET ADDRESS (If rural, give location) <b>0700</b>	

3. NAME OF DECEASED (Type or Print) <b>MARY ALMA MORRIS</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>10 - 28 - 56</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEB-20-1877</b>	9. AGE (In years last birthday) <b>79</b>	if UNDER 1 YEAR Months <b>9</b> Days <b>7</b>	if UNDER 24 HRS. Hours <b>2</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Holt Summit Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>RHINE WARFIELD</b>	13b. MOTHER'S MAIDEN NAME <b>HARRIET WHITE</b>	14. NAME OF HUSBAND OR WIFE <b>DECEASED</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/>	16. SOCIAL SECURITY NO. <input type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Fred Bennett</b>	ADDRESS <b>Hellsville Mo</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 weeks</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **9/5**, 19**56**, to **10/27**, 19**56**, that I last saw the deceased alive on **10/26**, 19**56**, and that death occurred at **7 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. [Signature]</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>Hellsville Mo</b>	23c. DATE SIGNED <b>10-31-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/30/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>WELLSVILLE CITY</b>	24d. LOCATION (City, town, or county) (State) <b>WELLSVILLE MO</b>
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DATE REC'D BY LOCAL REG. <b>10-30-56</b>	REGISTRAR'S SIGNATURE <b>Estelita Romano</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Hellsville</b>	ADDRESS <b>mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

998: 97 AOM

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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 *F B Kells*

Licensed Embalmer No. *158*

P. O. Address *Killedville*

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.