

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43584

State File No. _____
Registrar's No. **11857**

FILED JAN 15 1957

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11857	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S t. Louis		c. LENGTH OF STAY (in this place) TOWN St. Louis, Mo.		c. CITY OR TOWN St. Louis, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5840 Page Blvd.				f. STREET ADDRESS (If rural, give location) 7257 0 5840 Page Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Betty			b. (Middle) Rose		c. (Last) Morris		4. DATE OF DEATH (Month) (Day) (Year) 12-23-56
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH May 23, 1939		9. AGE (In years last birthday) 17 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) S t. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? US A	
13a. FATHER'S NAME Leroy Morris			13b. MOTHER'S MAIDEN NAME Thelma Bush		14. NAME OF HUSBAND OR WIFE None		
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 ADDRESS Mrs. Leona Tate 5065 Cabanne			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis ANTECEDENT CAUSES DUE TO (b) Epithelioma Left femur Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 Nov. 56 July. 56	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 196ix				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 Nov. 14, 1956 , to Dec. 23, 1956 , that I last saw the deceased alive on 12-23, 1956 , and that death occurred at 8:30 P m. , from the causes and on the date stated above.							
23a. SIGNATURE J. L. Shepard, M.D.			(Degree or title) _____			23b. ADDRESS 2702a FRANKLIN	
23c. DATE SIGNED 12-26-56							
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-56		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) Lemay Missouri	
DATE REC'D BY LOCAL REG. 12-26, 56		REGISTRAR'S SIGNATURE Charles Smith		25. GENERAL DIRECTOR'S SIGNATURE M. C. B. K. Koonce		ADDRESS 1221 North B road	

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

288 (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.....
Licensed Embalmer No. 396

P. O. Address 1221 N. Es.

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.