

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1638**
Registrar's No. **66**

FILED FEB 13 1957

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>66</u>		
I. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>23 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>690 North Pearl</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 5 1957</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>Martin</u> c. (Last) <u>Morris</u>			5. SEX <input checked="" type="radio"/> Male		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct 29 1879</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>17</u>		IF UNDER 2 HRS. Hours <u>11</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Circulation Dept</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>		11. BIRTHPLACE (State or foreign country) <u>Fairport Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>David Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Fisher</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Myrtle Morris</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>491 01 2867</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Myrtle Morris Joplin, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure, Acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hepatic Failure Acute</u> DUE TO (c) <u>Cholecystitis & Cholelithiasis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> <u>10 days</u>		
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 <u>Laparotomy for the above</u>		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>584X</u>		
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:25</u> Am., from the causes and on the date stated above.								
23a. SIGNATURE <u>Albert E. Upsher MD</u> (Degree or title)				23b. ADDRESS <u>Kansas City - Mo.</u>		23c. DATE SIGNED <u>2/5/57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Feb 6 - 57</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>MUSCATINE, IOWA</u>		
DATE REC'D BY LOCAL REG. <u>Feb 6 - 57</u>		REGISTRAR'S SIGNATURE <u>Dove Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hubert Gera</u>		ADDRESS <u>Joplin</u>		

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

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County Health Office
County File Number 57
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DEC 8 1961

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Dale Glover

Signed.....
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin Mo

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 this body is not embalmed, fact should be so stated above.