

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7943**
Registrar's No. **46**

FILED APR 11 1957

REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4097**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town) Harrisonville		c. CITY (If outside corporate limits, write RURAL and give township) Rural Austin township	
c. LENGTH OF STAY (in this place) 15 days		d. STREET ADDRESS (If rural, give location) 4 miles E. of Archie	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			

3. NAME OF DECEASED a. (First) Philip		b. (Middle) Adam		c. (Last) Morriss		4. DATE OF DEATH (Month) (Day) (Year) April 4 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Feb. 29, 1872		9. AGE (In years last birthday) 85 IF UNDER 1 YEAR: Months 1 Days 5 IF UNDER 24 HRS.: Hours 5 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Austin (Cass County) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ambus Morriss		13b. MOTHER'S MAIDEN NAME Margaret Fulkerson		14. NAME OF HUSBAND OR WIFE None	
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 Miss Margaret Morriss Archie, Missouri	

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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 Weeks	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia Hyper trophic Prostate		1 Week UNKNOWN	

19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **MARCH 20, 1957**, to **APRIL 4, 1957**, that I last saw the deceased alive on **APRIL 3, 1957**, and that death occurred at **LIP** m., from the causes and on the date stated above.

23a. SIGNATURE (Print or title) J. J. Garguino M.D.		23b. ADDRESS Harrisonville Mo		23c. DATE SIGNED April 6, 1957	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 7, 1957		24c. NAME OF CEMETERY OR CREMATORY Austin Cemetery	
24d. LOCATION (City, town, or county) (State) Archie, Missouri					

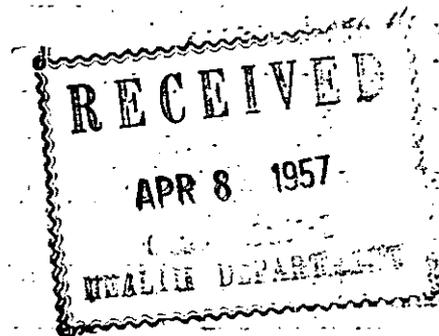
DATE REC'D BY LOCAL REG. 8 Apr 7 1957		REGISTRAR'S SIGNATURE Glenn S. Sarnard		25. FUNERAL DIRECTOR'S SIGNATURE Johnson Duly Archie Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

457
8 Apr 7 1957



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 _____
Student Embalmer

Signed _____

Robert Atkinson

Licensed Embalmer No. _____

4902

P. O. Address _____

Harrisville, 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.