

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9608**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 192	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 3 WKS.		c. CITY OR TOWN Sedalia 0804		d. 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 (If not in hospital or institution, give street address or location) Bothwell Hospital				e. STREET ADDRESS (If rural, give location) 424 East 14th			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) WILLIAM		c. (Last) MORRISON		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) Widowed		8. DATE OF BIRTH March 7, 1876	
9. AGE (In years last birthday) 81		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) Laborer Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Railroad MKT		11. BIRTHPLACE (City and State or Foreign Country) Glasgow, Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Monroe Morrison		13b. MOTHER'S MAIDEN NAME Sarah Cazell		14. NAME OF HUSBAND OR WIFE Lois Singleton Morrison			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 702-10-2434		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marion Schmidt, 424 E. 14th Sedalia, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of Liver				2 years	
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		Morbidity 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. Chr. Brights					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 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 6-27 , 19 55 , to 4-4 , 19 57 , that I last saw the deceased alive on 4-4 , 19 57 , and that death occurred at 8:30 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) JW Boyer M.D.				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 4-5-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/6/57		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 4-6-57		REGISTRAR'S SIGNATURE Frances Shelby		25. FUNERAL DIRECTOR'S SIGNATURE Frances Shelby		ADDRESS Sedalia, Mo.	

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

(Licensed Embalmer) (Statement on Reverse Side)

APR 10 1937

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 *P. E. Baker*.....

Licensed Embalmer No. *2419*.....

P. O. Address *Medalia, Y.*

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.