

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 17903
State File No.

FILED JUN 14 1957

BIRTH NO. REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 4316 Registrar's No. 76

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| 1. PLACE OF DEATH a. COUNTY Macon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Cambria | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Cambria | |
| c. LENGTH OF STAY (in this place) 7 yrs. | | d. STREET ADDRESS (If rural, give location) <u> </u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u> </u> | | | |

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|--------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) Jane Evans Morris | | | 4. DATE OF DEATH (Month) (Day) (Year) June 4, 1957 | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | |
| 8. DATE OF BIRTH April 26, 1867 | | 9. AGE (In years last birthday) 90 | | IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | | 11. BIRTHPLACE (State or foreign country) Dinas Mawddwy, North Wales | |
| 12. CITIZEN OF WHAT COUNTRY U.S. | | | | | |

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| 13a. FATHER'S NAME David Evans | | 13b. MOTHER'S MAIDEN NAME Jane Evans | | 14. NAME OF HUSBAND OR WIFE Samuel Howland Morris | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) <u> </u> | | 16. SOCIAL SECURITY NO. No. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. P. Chinn, New Cambria, Mo. | |

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| 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) Uremia | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility | | | 1 wk. |
| *This does not mean the mode of dying, such as heart failure, asthma, 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) Multiple metastasis from DUE TO (c) Carcinoma of colon. | | | 2 mo. |
| 19a. DATE OF OPERATION <u> </u> | | 19b. MAJOR FINDINGS OF OPERATION <u> </u> | | | 20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u> </u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u> </u> | |

22. I hereby certify that I attended the deceased from 6/1, 1957, to 6/4, 1957, that I last saw the deceased alive on 6/4, 1957, and that death occurred at 10:45P m., from the causes and on the date stated above.

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|-----------------------------------------------------------------------|--|-----------------------------------|--|----------------------------------------------------------------|--|
| 23a. SIGNATURE (Degree or title) R. W. Bohannon M.D. | | 23b. ADDRESS Franklin, Mo. | | 23c. DATE SIGNED 6/4/57 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 7, 1957 | | 24c. NAME OF CEMETERY OR CREMATORY New Cambria Cemetery | |
| 24d. LOCATION (City, town, or county) (State) New Cambria, Mo. | | | | | |

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|----------------------------------------|--|---------------------------------------------|--|---------------------------------------------------------------------------------|--|
| DATE REC'D BY LOCAL REG. 6/8/57 | | REGISTRAR'S SIGNATURE Walter McNeely | | 25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS H. P. Hilliland New Cambria Mo. | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

185
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County File No. 6-5788
Date Filed 6/11/57

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.

Signed J. B. Blacklocks

Signed
Student Embalmer

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.