

Health, Welfare, Public Service

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1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34665

STATE FILE NUMBER

FILED OCT 11 1957

372 ~~6263~~ Primary Registration District No. 6269 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WEBSTER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Finley Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>SEYMOUR ROUTE 2</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>CHARLES EDGAR MORRIS</u> <small>First Middle Last</small>			4. DATE OF DEATH <u>9 - 25 - 57</u> <small>Month Day Year</small>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1-26, 1890</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>7</u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>DAVIDSON Co. N. C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>JERRY MORRIS</u>			14. MOTHER'S MAIDEN NAME <u>FRANCES PEACOCK</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-28-1332</u>	17. INFORMANT <u>CWELLA MORRIS</u> Address <u>SEYMOUR, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Insufficiency severe</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis generalized</u> DUE TO (c) <u> </u>					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u> </u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u>			
20c. TIME OF INJURY: Hour <u> </u> Month, Day, Year <u> </u> a. m. <u> </u> p. m. <u> </u>						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	20f. CITY, TOWN, OR LOCATION <u> </u>		COUNTY <u> </u> STATE <u> </u>	
21. I attended the deceased from <u>2 Aug 1935</u> to <u>25 Sept 57</u> and last saw ^{her} <u>him</u> alive on <u>17 Sept 57</u> Death occurred at <u>7:10 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Deceased's title) <u>Charles A. Peterson JMD</u>			22b. ADDRESS <u>Springfield, Mo</u>		22c. DATE SIGNED <u>1 Oct 57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-28-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cemetery SEYMOUR</u>		23d. LOCATION (City, town, or county) (State) <u>WEBSTER Co. MO.</u>		
24. FUNERAL DIRECTOR <u>Rafael Bergman</u> ADDRESS <u>Seymour Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-7-57</u>	26. REGISTRAR'S SIGNATURE <u>Gilbert Jones</u>			

(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 *Max J. Miller*.....

Licensed Embalmer No. *47*

P. O. Address *Manoj*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.