

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

State File No. **2164**

BIRTH NO. _____ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **3048** Registrar's No. **30**

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| 1. PLACE OF DEATH a. COUNTY Nodaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Nodaway | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville | c. LENGTH OF STAY (In this place) 10 days | c. CITY OR TOWN Hopkins | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital | | e. STREET ADDRESS (If rural, give location) 0740 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Eunice b. (Middle) Eugenie c. (Last) Morehouse | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1958 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Apr. 16, 1882 | 9. AGE (In years last birthday) Months Days 75 | IF UNDER 1 YEAR Hours Min. 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 | 11. BIRTHPLACE (City and State or Foreign Country) Mt. Sterling, Ill. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME W. H. Lawler | 13b. MOTHER'S MAIDEN NAME Joanna McGovern | 14. NAME OF HUSBAND OR WIFE John Morehouse |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Hattie Litsch, Hopkins, Mo. |

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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY () 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) 526 X |

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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **1/6**, 19**58**, to **1/5**, 19**58**, that I last saw the deceased alive on **1/3**, 19**58**, and that death occurred at **3 p.** m., from the causes and on the date stated above.

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| 23a. SIGNATURE [Signature] | (Degree or Title) MD | 23b. ADDRESS Hopkins Mo | 23c. DATE SIGNED 1/7/58 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-7-58 | 24c. NAME OF CEMETERY OR CREMATORY Hopkins | 24d. LOCATION (City, town, or county) (State) Hopkins, Mo. |

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| DATE REC'D BY LOCAL REG. 1-11-58 | REGISTRAR'S SIGNATURE Bess Holt | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stanley Swanson Hopkins, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Myself..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Stanley Swanson.....

Licensed Embalmer No. 3963.....

P. O. Address Hopkins, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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