

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-004349  
STATE FILE NUMBER

FILED MAR 6 - 1958

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 51

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Mexico</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Centralia</b> <u>01/00</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Audrain County</b>  |  | Length of stay in 1b<br><b>1 week</b>   | d. STREET ADDRESS <b>Rte 2</b> (If outside, give location)<br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Ben</b> Middle <b>Sims</b> Last <b>Morris</b>   |  |   | 4. DATE OF DEATH<br>Month <b>Feb</b> Day <b>25</b> Year <b>1958</b>   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>Caucasian</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>Aug. 18, 1892</b>   |
| 10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Minister</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (In years last birthday) <b>65</b><br>IF UNDER 1 YEAR: Months <b>6</b> Days <b>7</b> Hours <b></b> Min. <b></b><br>IF UNDER 24 HRS.          |
| 11. BIRTHPLACE (City and state or country) <b>Audrain County, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |   |
| 13. FATHER'S NAME <b>Earl Morris</b>  |  | 14. MOTHER'S MAIDEN NAME <b>Mary Emma Barnes</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  | 16. SOCIAL SECURITY NO. <b>496-40-9942</b>  | 17. INFORMANT Address<br><b>Mrs. Ben S. Morris, Centralia, Mo.</b>  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral vascular accident</b>  |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Cerebral arteriosclerosis</b>   |  |   |   |
| DUE TO (c)  |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br><b>Diabetes mellitus. Generalized arteriosclerosis 331X</b>                                     |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |
| 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.) |   |   |
| 20c. TIME OF INJURY Hour Month, Day, Year<br>a. m. p. m.  |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <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.)    | 20f. CITY, TOWN, OR LOCATION  | COUNTY STATE  |
| 21. I attended the deceased from <b>1955</b> to <b>2/25/58</b> and last saw her him alive on <b>2/25/58</b><br>Death occurred at <b>2:05 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>Louis G. Bealer M. D.</b>  |  | 22b. ADDRESS<br><b>Centralia, Mo.</b>   | 22c. DATE SIGNED<br><b>2/26/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Feb. 27, '58</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>City of Centralia</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Centralia, Mo.</b>  |
| 24. EMBALMER, DIRECTOR ADDRESS<br><b>Betty B. Nealon Centralia, Missouri</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>Feb 26 1958</b>  | 26. REGISTRAR'S SIGNATURE<br><b>Blanche Neely</b>   |

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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.....  
Licensed Embalmer No. 46

P. O. Address.....

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.