

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019974
State File No.

FILED JUN 13 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5949**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 37 Stones Nursing Home		e. STREET ADDRESS (If rural, give location) 2199 4373 W Pine St.	
3. NAME OF DECEASED (Type or Print) a. (First) ERNEST		b. (Middle) L	
c. (Last) MORRIS		4. DATE OF DEATH (Month) (Day) (Year) JUNE 8 58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Newspaperman	
11. BIRTHPLACE (City and State or Foreign Country) Hancock Co., Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME C.C. Morris		13b. MOTHER'S MAIDEN NAME Susan Jenkins	
14. NAME OF HUSBAND OR WIFE None		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. Unknown		17. INFORMANT'S SIGNATURE OR NAME Burnice Morris,	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 450.0	
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)	
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?		22. I hereby certify that I attended the deceased from 5-20 , 19 58 to 6-7 , 19 58 , that I last saw the deceased alive on 6-6 , 19 58 , and that death occurred at 1:30 AM from the causes and on the date stated above.	
23a. SIGNATURE Robert J. Petersen M.D.		23b. ADDRESS 4375 W. Pine	
23c. DATE SIGNED 6-8-58		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 6-8-58		24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Owensboro, Ky.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe,	
DATE REC'D BY LOCAL REG. JUN 9 58		REGISTRAR'S SIGNATURE Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe,		ADDRESS 1700 Washington Blvd.	

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.....

John B. Embley

Licensed Embalmer No. *3653*

P. O. Address *St. Louis*

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.