THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021724
STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 139 Primary Registration District No. 5536 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY HOLT
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEWIS TWP — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) PLEASANT Hill Rest Hm. — Length of stay in 1b 10 WKS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY HOLT
c. CITY OR TOWN HICKORY TWP. — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 6 1/2 Mi. NE OREGON — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First FANNIE Middle M. Last MORRIS
4. DATE OF DEATH Month Day Year JUNE 16 1958
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 23, 1886
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — 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 IN the home
11. BIRTHPLACE (City and state or country) CARROLLTON, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ZACK SIMMONS
14. MOTHER'S MAIDEN NAME NAN BLEVINS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 491-42-39248
17. INFORMANT Address CHARLES H. MORRIS OREGON, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF SMALL INTESTINE WITH METASTISIS — INTERVAL BETWEEN ONSET AND DEATH 6 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) 1529
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Feb 58, to June 16, 58 and last saw her/him alive on June 16, 58
Death occurred at 11:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. E. Calbin, D.O. 2
22b. ADDRESS Oregon, Mo.
22c. DATE SIGNED 6/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 6/19/58
23c. NAME OF CEMETERY OR CREMATORY MOUNT Hope
23d. LOCATION (City, town, or county) (State) Mound City, Mo.

24. FUNERAL DIRECTOR James H. Crawford ADDRESS Mound City Mo
25. DATE RECD. BY LOCAL REG. 6/18/1958
26. REGISTRAR'S SIGNATURE James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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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

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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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed James R. Crawford

Licensed Embalmer No. 47

P. O. Address Mound

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.