

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024256

STATE FILE NUMBER

FILED JUL 7 1958 Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Saline			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Marshall township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshall		Length of stay in 1b 3 months	d. STREET ADDRESS 4 miles north of Marshall		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Cinda Ellen Morrow			4. DATE OF DEATH Month July Day 1st Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 4, 1928	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Saline County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Arron Frakes		13b. MOTHER'S MAIDEN NAME Hazel Adams		14. NAME OF HUSBAND OR WIFE Clarence E. Morrow	
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. 498-32-2361	17. INFORMANT Address Clarence E. Morrow, Marshall Mo. R. No. 4		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound, Accidents.					INTERVAL BETWEEN ONSET AND DEATH Five Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automatic 22 Rifle -					9190 19
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) While Hunting			
20c. TIME OF INJURY Hour 10:38 a.m. Month, Day, Year 7-1-58					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At my home	20f. CITY, TOWN, OR LOCATION Marshall		COUNTY Saline
21. I attended the deceased from made insect gas, 7-2-58 and last saw him alive on 7-1-58 Death occurred at about 10:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) P. L. Lewis, M.D., Coroner Saline Co.		22b. ADDRESS Marshall Mo.	
22c. DATE SIGNED 7-2-58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 3, 1958	23c. NAME OF CEMETERY OR CREMATORY Grand Pass cemetery		23d. LOCATION (City, town, or county) (State) Grand Pass, Missouri
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.		25. DATE RECD. BY LOCAL REG. 7-3-58	26. REGISTRAR'S SIGNATURE Cecil J. Reed		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James H. Lewis Jr.*

Licensed Embalmer No. *4709*
P. O. Address *Marshall, 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.