

pt. Health,
c., & Welfare
S. Public
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028398
STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 43 Primary Registration District No. 5143 Registrar's No. 524

V. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY OR TOWN Poplar Bluff, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Poplar Bluff, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 24 Years	0120 STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) Lafayette First Middle Last Morrison,		4. DATE OF DEATH Month 8/ Day 17/ Year 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/ 13/ 1894
9. AGE (In years last birthday) 64		F 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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Altheimer, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Richard Morrison,	
13b. MOTHER'S MAIDEN NAME Roxie Jones,		14. NAME OF HUSBAND OR WIFE Annie Morrison,	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes: World War One		16. SOCIAL SECURITY NO. 495-14-0188	17. INFORMANT Address Mrs. Annie Morrison, Poplar Bluff
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Nephritis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH May 58	
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 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 a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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 14 Aug 58 , to 17 Aug 58 and last saw her alive on 17 Aug 58 Death occurred at 5:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) MD		22b. ADDRESS 321 E. Poplar Bluff Mo	22c. DATE SIGNED 23 Aug 58
23a. BURIAL, CREMATION, REMAINS (Specify) Burial	23b. DATE 8-24-1958	23c. NAME OF CEMETERY OR CREMATORY Marocco	23d. LOCATION (City, town, county) (State) Butler, Mo,
24. FUNERAL DIRECTOR ADDRESS Peoples Funeral Home, 1206 Alice Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 9/6/58	26. REGISTRAR'S SIGNATURE [Signature]

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 15 1958

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SEP 11 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

SEP 15 1958

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 *Ray P. Adams* _____
Licensed Embalmer No. *4928*

P. O. Address *Bluffton, S.C.*

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.