

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028667  
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 99 Primary Registration District No. 4170 Registrar's No. 57

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY DeKalb   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY DeKalb |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Union Star |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN Union Star, Mo., 63285<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION  |  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>    |

|   |  |  |   |  |
|---|--|--|---|--|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br>Elmer E. Morris |  |  | 4. DATE OF DEATH<br>Month Day Year<br>Aug. 24. 1958 |  |
|---|--|--|---|--|

|  |                           |   |                                   |                                       |                                |                                |
|--|---------------------------|---|-----------------------------------|---------------------------------------|--------------------------------|--------------------------------|
| 5. SEX<br>Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE<br>White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>Aug. 30, 1890 | 9. AGE (In years last birthday)<br>67 | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min. |
|--|---------------------------|---|-----------------------------------|---------------------------------------|--------------------------------|--------------------------------|

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Farmer | 10b. KIND OF BUSINESS OR INDUSTRY<br>Grain | 11. BIRTHPLACE (City and state or country)<br>Rochester, Missouri | 12. CITIZEN OF WHAT COUNTRY?<br>U. S. |
|---|--|---|---------------------------------------|

|                                    |  |   |
|------------------------------------|--|---|
| 13a. FATHER'S NAME<br>Lemul Morris | 13b. MOTHER'S MAIDEN NAME<br>Arvilla Keesler | 14. NAME OF HUSBAND OR WIFE<br>Ramah Morris |
|------------------------------------|--|---|

|   |                         |  |         |
|---|-------------------------|--|---------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br>Ramah Morris Union Star, Mo., | Address |
|---|-------------------------|--|---------|

|   |                                      |   |
|---|--------------------------------------|---|
| 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) <u>Coronary Thrombosis</u> |                                      | INTERVAL BETWEEN ONSET AND DEATH<br><u>Suddenly</u><br><u>D.O.A.</u>                              |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) _____<br>DUE TO (c) _____ |   |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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|---|--|--|
| 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.)<br>4201 |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>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<br>COUNTY STATE |
|---|--|--|

21. I attended the deceased from DOA to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at Aug. 24, 1958 1:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

|  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>Howard V.S. Mott D.O.</u> | 22b. ADDRESS<br><u>Union Star Mo.</u> | 22c. DATE SIGNED<br><u>8/26/1958</u> |
|--|---------------------------------------|--------------------------------------|

|  |                                 |   |  |
|--|---------------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 23b. DATE<br><u>Aug. 26, 58</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Union Star</u> | 23d. LOCATION (City, town, or county)<br><u>Union Star, Missouri</u> |
|--|---------------------------------|---|--|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24. FUNERAL DIRECTOR<br><u>Roland D. Clark</u> | ADDRESS<br><u>King City</u> | 25. DATE RECD. BY LOCAL REG.<br><u>8-27-58</u> | REGISTRAR'S SIGNATURE<br><u>Ramon Davidson</u> |
|--|-----------------------------|--|--|

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 10 1959

FEB 26 1959

1959  
8 AM

OCT 26 1967

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 Roland W Clark, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Roland W Clark

Licensed Embalmer No. 4477  
P. O. Address King City, 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.