

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029635
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon		c. CITY OR TOWN Macon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hosp.		d. STREET ADDRESS None (If outside, give location)	
Length of stay in 1b 6 Days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Millburn Middle Morris Last Morris			4. DATE OF DEATH Month August Day 8 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 7th 1892	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if now dead) Attendant Hospital	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Macon County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Millburn Morris	13b. MOTHER'S MAIDEN NAME Addie Fox	14. NAME OF HUSBAND OR WIFE No
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, or, unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. 498-18-2807	17. INFORMANT Address Mrs. Gladys Ballenger Callao, Mo.
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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, post operative		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Volulus of Small Intestine, operated 5703 H	
	DUE TO (c) Strangulation of Small Bowel With Gangrene	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition shown in PART I (a) Carcinoma of larynx, operated 6 months ago		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.)
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20c. TIME OF INJURY Hour 11:15 Month, Day, Year Aug 8, 1958 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK <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 Macon COUNTY Macon STATE Missouri
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21. I attended the deceased from **Aug 2** to **Aug 8** and last saw her/him alive on **Aug 8, 1958**
Death occurred at **11:15** P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James E. Campbell M.D.	22b. ADDRESS Macon, Mo.	22c. DATE SIGNED 8/22/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 10, 58	23c. NAME OF CEMETERY OR CREMATORY Locust Grove Cem.	23d. LOCATION (City, town, or county) (State) Callao, Missouri
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24. FUNERAL DIRECTOR Lester Hut ton ADDRESS Macon, Mo.	25. DATE RECD. BY LOCAL REG. 8/22/58	26. REGISTRAR'S SIGNATURE Ruth M Neely
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
061110

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 *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, N*

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.