

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032113
STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shoal Twp.		c. CITY OR TOWN Kansas City 3538	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3mi. S. Cameron, Mo. Tourist		d. STREET ADDRESS (If outside, give location) 3006 Tracy	
3. NAME OF DECEASED (Type or print) First RONALD Middle LEE Last MORRIS		4. DATE OF DEATH Month Oct. Day 5, Year 1958	
5. SEX male	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 14, 1949
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Carroll, Co. Mo.
13a. FATHER'S NAME Holbert Morris		13b. MOTHER'S MAIDEN NAME Anna Belle McCrackan	14. NAME OF HUSBAND OR WIFE none
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. no	17. INFORMANT Eldon Nibkell, 3006 Tracy, K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing Injury to Head			INTERVAL BETWEEN ONSET AND DEATH instantaneous
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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? 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.) Automobile Accident	
20c. TIME OF INJURY Hour 6 a.m. Month, Day, Year 10-5-58			
20d. INJURY OCCURRED WHILE AT <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.) Highway 68	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____		20f. CITY, TOWN, OR LOCATION Clinton, Mo.	
22a. SIGNATURE Ed Mann, D.O., Coroner		22b. ADDRESS Lthrop, Mo.	
22c. DATE SIGNED 10-5-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-5-58	
23c. NAME OF CEMETERY OR CREMATORY Blue Lound Cem.		23d. LOCATION (City, town, or county) (State) Dawn Mo.	
24. FUNERAL DIRECTOR Poland Funeral Home Cameron, Mo.		25. DATE RECD. BY LOCAL REG. Oct 6 - 58	
		26. REGISTRAR'S SIGNATURE Francis D Crawford	

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 *Laurence J. Thompson*

Licensed Embalmer No. *4735*

P. O. Address *Cameron, 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.