

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033515

STATE FILE NUMBER

FILED SEP 17 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ralls	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		c. CITY OR TOWN New London	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hosp.		d. STREET ADDRESS None	

3. NAME OF DECEASED (Type or print) Dennis Chester Morris			4. DATE OF DEATH Aug. 30 1958		
5. SEX M	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 2, 1916	9. AGE (In years (not birthday)) 42	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Feed Store	11. BIRTHPLACE (City and state or country) New London, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William G. Morris		14. MOTHER'S MAIDEN NAME Flora Irene Crandall	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 486-18-7815	17. INFORMANT William G. Morris	Address New London
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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) Gunshot wound of parietal lobes of brain		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		976 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) probable Involitional melancholia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Gunshot wound above right ear thru to left parietal bone
20c. TIME OF INJURY 4:30 a.m. 8 30 '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.) Near New London (Hwy 19)	20f. CITY, TOWN, OR LOCATION New London	COUNTY Ralls	STATE Mo
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **7 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Henry H. Sweet 9 M D Coroner 3	22b. ADDRESS Hannibal Mo	22c. DATE SIGNED 8/30/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-2-1958	23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Pk	23d. LOCATION (City, town, or county) (State) Hannibal, Missouri
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24. FUNERAL DIRECTOR Jack Schmitt	ADDRESS Hannibal, Mo	25. DATE RECD. BY LOCAL REG. 9-11-1958	26. REGISTRAR'S SIGNATURE Dr. E. M. Luke by H. C. Fisher
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(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare & Public Service
 300 1-56
 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. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED SEP 16 1958
MARION CO. HEALTH DEPT.
DATE FILED SEP 16 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 *Jack Sullivan*
Licensed Embalmer No. *348*

P. O. Address *Hamm*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.