

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037015

STATE FILE NUMBER

FILED NOV 3 1958

Registration District No. 178

Primary Registration District No. 4285

Registrar's No. 70

300  
1-57

4

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Knox</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lewistown</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Edina</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Prairie View Rest Home</b>		Length of stay in 1b <b>0520</b>	d. STREET ADDRESS <b>0</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ONE WILLIAM MORROW</b>			4. DATE OF DEATH Month Day Year <b>Oct 25, 1958</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 17 1885</b>
9. AGE (In years last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>construction work</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Lewis County 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Morrow</b>	
13b. MOTHER'S MAIDEN NAME <b>Nannie LaVell</b>		14. NAME OF HUSBAND OR WIFE <b>Cora W. Morrow</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>lost</b>	17. INFORMANT Address <b>William Morrow Joplin, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebro Vascular Accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____			<b>331X</b>
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 <b>23 Oct 58</b> to <b>25 Oct 58</b> and last saw him alive on <b>25 Oct 58</b> Death occurred at <b>D.O.A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John W. Wills</b> (Degree or title) <b>D.O.</b>		22b. ADDRESS <b>Lewis Town Mo</b>	22c. DATE SIGNED <b>25 Oct 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>28 Oct '58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Harmony Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Knox County, Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>W. J. Prim Edina Mo</b> <b>Hudson Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>10-29-'58</b>	26. REGISTRAR'S SIGNATURE <b>P. W. Jennings, M. D.</b> <b>E. L. J.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

NOV 5 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 *AJR* .....

Licensed Embalmer No. *504* .....  
P. O. Address *Edina, Minn.* .....

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.