

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040988

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 457

S. 300
1-57

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

| | | | | | |
|--|----------------------------------|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Pattis</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pattis</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Sedalia</u> ⁰²⁰⁴ | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>909 East 13th st</u> | | Length of stay in 1b <u>35 yrs</u> | d. STREET ADDRESS (If outside, give location) <u>909 East 13th st.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>GURNIE C. Morris Sr.</u> | | | 4. DATE OF DEATH Month Day Year <u>Dec. 5 1958</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 2 1892</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet metal worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pac. Shops</u> | 11. BIRTHPLACE (City and state or country) <u>Denton N. Carolina</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Jerry Morris</u> | | 13b. MOTHER'S MAIDEN NAME <u>Frances Peacock</u> | | 14. NAME OF HUSBAND OR WIFE <u>Effie Goss Morris</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>702-16-1582</u> | | 17. INFORMANT <u>Mrs. Effie Morris</u> Address <u>909 E. 13th Sedalia</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY ARTERY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis of Heart</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN</u> <u>YEARS</u> <u>YEARS</u> |
| 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.) | | | |
| 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 <u>10-2-57</u> to <u>12-5-58</u> and last saw <u>her alive on</u> <u>12-5-58</u> Death occurred at <u>11:05 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DR</u> | | | 22b. ADDRESS <u>Woodward Hospital, Sedalia</u> | | 22c. DATE SIGNED <u>12-6-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>12-8-1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 23d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>McLaughlin Bros</u> ADDRESS <u>Sedalia</u> | | 25. DATE REG. BY LOCAL REG. <u>12-8-1958</u> | | 26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u> | |

DEC 18 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 K.P. W. Cray
Licensed Embalmer No. 3153
P. O. Address Sedalia, 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.