

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043536

STATE FILE NUMBER

Health,
Welfare
Public
Service

WED JAN 5 1959 Registration District No. 70 Primary Registration District No. Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kahoka</u>		c. CITY OR TOWN <u>Kahoka</u> 70230	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>426 E. Commercial</u>	

3. NAME OF DECEASED (Type or print) <u>Minnie Morris</u>			4. DATE OF DEATH Month <u>12</u> Day <u>20</u> Year <u>1958</u>		
5. SEX <u>F. M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 29-1886</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, seen if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Union Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13. FATHER'S NAME <u>Jefferson Green Martin</u>			14. MOTHER'S MAIDEN NAME <u>Alice Jewette Langford</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Glenn Morris</u> Address <u>Kahoka Mo</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>Medullary aneurysm</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cardiac failure</u>		<u>2 min</u>
DUE TO (c) <u>Coronary artery occlusion</u>		<u>4 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Coronary artery disease</u> <u>4201</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.)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour <u>8:45</u> 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		COUNTY STATE

21. I attended the deceased from <u>12-15-58</u> to <u>12-20-58</u> and last saw <u>her</u> alive on <u>12-15-58</u> Death occurred at <u>8:45</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Robert W. Mellersö</u> (Degree or title)	22b. ADDRESS <u>Kahoka Mo</u>	22c. DATE SIGNED <u>12-29-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-22-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kahoka County</u>	23d. LOCATION (City, town, or county) (State) <u>Kahoka Missouri</u>
24. FUNERAL DIRECTOR <u>Fred Harke</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Jan. 2-1959</u>	26. REGISTRAR'S SIGNATURE <u>J.R. Briggs</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. MUST use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Fred J. Karle*

Licensed Embalmer No. *10*

P. O. Address *Kahok*

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.