

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000322

STATE FILE NUMBER

REGISTRATION DISTRICT No. 042 Primary Registration District No. 1000 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN Mound City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hosp.		d. STREET ADDRESS (If outside, give location) none	
3. NAME OF DECEASED First Middle Last Laura Caroline Morse		4. DATE OF DEATH Month Day Year Jan. 27, 1959	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 7, 1877
9a. AGE (In years last birthday) 81	9b. IF UNDER 1 YEAR Months Days	9c. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Cumberland Gap, Va.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Zacharias Bryant		13b. MOTHER'S MAIDEN NAME Emma (unknown)	
14. NAME OF HUSBAND OR WIFE Charles Morse		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. none		17. INFORMANT Mrs. Bonnie Loucks, Kansas City, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cystic Degeneration in Basal ganglia Brain			1 week
DUE TO (c) Fracture Intertrochanteric Rt. Femur 9040			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerosis, hypertrophy Rt. side of heart			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Fell on porch while shoveling snow	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 1/21/59 p.m.			
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.) Home	
20f. CITY, TOWN, OR LOCATION Mound City		COUNTY STATE Holt Missouri	
21. I attended the deceased from 1/21/59 to 1/27/59 and last saw her ^{her} _{back} alive on 1/26/59 Death occurred at 8:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Robert W. Augustine MD</i>		22b. ADDRESS 902 Edmond St., St. Joseph, Mo.	
22c. DATE SIGNED 1/29/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Eurial		23b. DATE Jan. 29, 59	
23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		23d. LOCATION (City, town, or county) (State) Mound City, Missouri	
24. FUNERAL DIRECTOR <i>W. E. Baker</i>		25. DATE RECD. BY LOCAL REG. Feb. 3, 1959	
26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>			

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Robert W. Augustine

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 *Elbert B. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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.