Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001959
STATE FILE NUMBER

FEB 4 1959 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium — Length of stay in Ib 20 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Scott
c. CITY OR TOWN Chaffee — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 2, Box 13 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Robert — Middle Sanders — Last Morris

4. DATE OF DEATH Month Jan. Day 21 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Nov. 1, 1885

9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Vanduser, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Bonnie Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Address San. records, Mo. State San., Mt. Vernon, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchogenic carcinoma, anaplastic type with metastasis to chest wall — INTERVAL BETWEEN ONSET AND DEATH: at least 2 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pulmonary tuberculosis, far advanced, active 162.1A

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
((Item 18, Part II added by affidavit of attending physician Mar 5, 1959, jf.))

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Jan. 1, 1959, to Jan. 21, 1959 and last saw him alive on Jan. 21, 1959
Death occurred at 11:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. A. Brasher M. D. (Degree or title)

22b. ADDRESS Mt. Vernon, Mo.

22c. DATE SIGNED 1-22-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 1-22-59

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) Chaffee (State) Mo.

24. FUNERAL DIRECTOR H. D. Fossett, **ADDRESS** Mt. Vernon, Mo.

25. DATE RECD. BY LOCAL REG. 1-23-59

26. REGISTRAR'S SIGNATURE Carl Hendrick

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 1950

FEB 11

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 Irvin R. Arnold

Licensed Embalmer No. 4929

P. O. Address Aurora, 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.