Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005039
STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Arbyrd — Inside Limits: Yes [#] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Near Home on Roadside — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Arbyrd — Inside Limits: Yes [#] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [#]

3. NAME OF DECEASED (Type or print): First: Ira Middle: Noah Last: Morrow
4. DATE OF DEATH: Month Feb. Day 17 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [#] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 18, 1894
9. AGE (In years last birthday): 65 — 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:
11. BIRTHPLACE (City and state or country): Paragould, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: Jeff Morrow
13b. MOTHER'S MAIDEN NAME: Minnie Smith
14. NAME OF HUSBAND OR WIFE: Lannie Morrow
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 1
16. SOCIAL SECURITY NO.: 430-12-2087
17. INFORMANT: Mrs. Lannie Morrow Address: Arbyrd, 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) Massive Infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c) Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261
19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] c

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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 10 Feb, to 17 Feb and last saw her/him alive on 10 Feb for Exam.
Death occurred at Arbyrd, Mo. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jack Lunsford (Degree or title) M.D.
22b. ADDRESS: Caldwell, Mo.
22c. DATE SIGNED: 26 Feb 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/22/59
23c. NAME OF CEMETERY OR CREMATORY: Linwood
23d. LOCATION (City, town, or county) (State): Paragould Ark.

24. FUNERAL DIRECTOR: McDaniel Funeral Service, Senath ADDRESS Mo.
25. DATE RECD. BY LOCAL REG.: 2-27-59
26. REGISTRAR'S SIGNATURE: Mrs. J. H. Lanier

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only ink or typewriter. Do not use symbols or abbreviations.
All diseases in Part I must be causally related.

MAR 5 1959

DEPARTMENT .....

COUNTY FILE NUMBER 359-64

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 Hubert B. Baine

Licensed Embalmer No. 4988

P. O. Address Kennett M

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.