

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014415  
STATE FILE NUMBER

FILED APR 21 1959 Registration District No. 277 Primary Registration District No. 5950 Registrar's No. 28

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>PIKE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PIKE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HARTFORD TOWNSHIP</b>		c. CITY OR TOWN <b>MIDDLETOWN</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <b>EMMETT WEBSTER MORRIS</b>		4. DATE OF DEATH Month Day Year <b>APRIL 11 1959</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>OCT 29 1881</b>
9. AGE (In years last birthday) <b>77</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>PIKE COUNTY MO</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>NICHOLAS MORRIS</b>	
13b. MOTHER'S MAIDEN NAME <b>CORDELIA MORRIS</b>		14. NAME OF HUSBAND OR WIFE <b>JULIA MORRIS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>YES</b>	
17. INFORMANT <b>EMMETT MORRIS, MIDDLETOWN, MO</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>4201</b>			INTERVAL BETWEEN ONSET AND DEATH <b>one hour</b> <b>yy</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 <b>MIDDLETOWN</b>		COUNTY STATE <b>PIKE MISSOURI</b>	
21. I attended the deceased from <b>1940</b> to <b>4-11-59</b> and last saw <sup>her</sup> <sub>him</sub> alive on <b>4-8-59</b> Death occurred at <b>10 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE <b>SM Hatfield</b>		22b. ADDRESS <b>Brooklyn Green Mo</b>	
22c. DATE SIGNED <b>4-14-59</b>		23a. LOCATION (City, town, or county) (State) <b>PIKE COUNTY MISSOURI</b>	
23b. DATE <b>APRIL 13 1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>SILOAM CEMETERY</b>	
23d. REMOVAL (Specify) <b>BURIAL</b>		24. FUNERAL DIRECTOR <b>GRACE BANKHEAD BOWLING GREEN MO</b>	
25. DATE RECD. BY LOCAL REG. <b>4-15-59</b>		26. REGISTRAR'S SIGNATURE <b>Bill Robinson</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Harold Kirk* .....

Licensed Embalmer No. *43-97* .....

P. O. Address *Bowling Green* .....

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.