Health, & Welfare Public Service

6. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-017062
STATE FILE NUMBER

FILED JUN 15 1959 Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 33

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Salisbury — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 809 Maple St. — Length of stay in Hospital: 16 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Chariton
c. CITY OR TOWN: Salisbury — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 809 Maple St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: James Middle: Leslie Last: Morrison

4. DATE OF DEATH Month Day Year: June 8, 1959

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Nov. 29, 1895

9. AGE (In years last birthday): 63 — 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): Rural Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY: Civil Service

11. BIRTHPLACE (City and state or country): Auxvasse, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Lee Morrison

13b. MOTHER'S MAIDEN NAME: Laura Beckley

14. NAME OF HUSBAND OR WIFE: Ellen Vandevier Morrison

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

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT Address: Mrs. J. L. Morrison, Salisbury, 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): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 to 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary sclerosis — ?
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 June 8, 1959 to June 8, 1959 and last saw him alive on June 8, 1959
Death occurred at 6:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. Harris MD

22b. ADDRESS: Salisbury, Mo

22c. DATE SIGNED: 6/9/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 6/11/59

23c. NAME OF CEMETERY OR CREMATORY: Callaway Memorial Gardens

23d. LOCATION (City, town, or county) (State): Fulton, Missouri

24. FUNERAL DIRECTOR ADDRESS: Chas. B. Winkelmeyer, Salisbury, Mo.

25. DATE RECD. BY LOCAL REG.: 6-9-59

26. REGISTRAR'S SIGNATURE: Geo Hawkins

(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 causally related.

JUL 7 1959

JUN 17 1959

JUN 18 1959

JUL 8 1959

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 Chas B. Windelmayer

Licensed Embalmer No. 3845

P. O. Address Salisbury 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.