

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018695
STATE FILE NUMBER

FILED JUN 11 1959

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		c. CITY OR TOWN BOWLING GREEN	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL		d. STREET ADDRESS (If outside, give location) 02200	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENRY MORRIS		4. DATE OF DEATH Month Day Year MAY 24, 1959	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH FEB. 22 1876 83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PIKE COUNTY Mo
13a. FATHER'S NAME SAM MORRIS		13b. MOTHER'S MAIDEN NAME MARTHA BURTON	14. NAME OF HUSBAND OR WIFE LOLA D. MORRIS
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. —	17. INFORMANT Address ST. LOUIS, MO. CECIL C. MORRIS 6083 HARTFORD STREET
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis 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) 4222			INTERVAL BETWEEN ONSET AND DEATH 1 year
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT <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		COUNTY	STATE
21. I attended the deceased from 5:11:59 to 5:24:59 and last saw him alive on 5:24:59 . Death occurred at 8:23 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. R. Pigeon DO		(Degree or title)	22b. ADDRESS Louisiana
22c. DATE SIGNED May 26/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 26, 1959	23c. NAME OF CEMETERY OR CREMATORY BOWLING GREEN CEMETERY	23d. LOCATION (City, town, or county) (State) BOWLING GREEN, Mo
24. FUNERAL DIRECTOR GRACE BANKHEAD		ADDRESS BOWLING GREEN, Mo	25. DATE RECD. BY LOCAL REG. June 6 1959
		26. REGISTRAR'S SIGNATURE Bernice Collier	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 C. Kirk*

Licensed Embalmer No. *4597*

P. O. Address *Banning St*

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.