

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021901
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 310

FILED JUN 30 1959

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin | | c. CITY OR TOWN Diamond | |
| c. FULL NAME OF (If NOT in hospital, give location) Freeman | | d. STREET ADDRESS Route 1 | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| Length of stay in 1b 8 days | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|---|-------------------------------|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First Pinckney Middle Morrison Last Morrison | | | 4. DATE OF DEATH June 17, 1959 Month Day Year | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 15, 1882 | 9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) Railway Exp. Messenger | | 10b. KIND OF BUSINESS OR INDUSTRY Railway Exp. | 11. BIRTHPLACE (City and state or country) Cabarrus Country, N.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME LeRoy McKee Morrison | | 13b. MOTHER'S MAIDEN NAME Augusta White | 14. NAME OF HUSBAND OR WIFE Ola Morrison | | |
| 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. None | 17. INFORMANT Ola Morrison Address Diamond, Missouri | | |

| | | |
|---|--|---|
| 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 2 hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Pulmonary emphysema and fibrosis | 15 yrs |
| | DUE TO (c) Bronchiectasis | 15 yrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 526X | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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 .Month, Day, Year a.m. p.m. | |

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|---|--|---|-------------------------|------------------------------------|
| 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 Joplin, Missouri | COUNTY Joplin | STATE |
| 21. I attended the deceased from 4-7-59 to 6-17-59 and last saw him alive on 6-17-59 Death occurred at 10:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | |
| 22a. SIGNATURE (Degree or title) C. H. Morrison | | 22b. ADDRESS 420 Byers Joplin Mo | | 22c. DATE SIGNED 6-19-59 |

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|--|-----------------------------------|--|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 20, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Forest Park | 23d. LOCATION (City, town, or county) Joplin, Missouri | (State) |
| 24. FUNERAL DIRECTOR Thornhill-Dillon | | ADDRESS Joplin, Missouri | 25. DATE RECD. BY LOCAL REG. 6-24-1959 | 26. REGISTRAR'S SIGNATURE Noel Merriam |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 *Robert C. Keller*

Licensed Embalmer No. *5-062*

P. O. Address *Joplin, 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.