RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-031896

STATE FILE NUMBER

FILED VS OCT 7 1959

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 183

DED

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett, Mo. Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 705 S. Jackson Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklin
c. CITY OR TOWN Kennett Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 705 S. Jackson Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Minnie Middle Elizabeth Last Morris

4. DATE OF DEATH Month 9 Day 23 Year 1959

5. SEX F
6. COLOR OR RACE W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 4-13-1879
9. AGE (last birthday) 80 IF UNDER 1 YEAR Months 5 Days 10 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Bollinger Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Abraham Sitze
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Franklin A. Morris (dec)

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 Earl Morris Address Kennett, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis and auricular Febidlation
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 9-18-59 to and last saw her alive on 9-21-59
Death occurred at Approximately 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Leo J. Benson, Jr., M. D.
22b. ADDRESS 217 College St., Kennett, Mo
22c. DATE SIGNED 9-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-25-1959
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge
23d. LOCATION (City, town, or county) Kennett (State) Mo.

24. FUNERAL DIRECTOR McDaniel Funeral Ser. ADDRESS Kennett, Mo.
25. DATE RECD. BY LOCAL REG. 10-1-1959
26. REGISTRAR'S SIGNATURE Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Tony L. Doherty

Licensed Embalmer No. 4886

P. O. Address Kennett,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.