MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–032736

STATE FILE NUMBER

FILED VS SEP 28 1959

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 204

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Oak Grove Sni-a-Bar
Length of stay in 1b: 10 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4 mi South.
Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: John Middle: William Last: Morris
4. DATE OF DEATH: Month: Sept Day: 19 Year: 1959
5. SEX: F M
6. COLOR OR RACE: Wh
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-24-1913
9. AGE (last birthday): 46
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Bates City
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: James Morris
13b. MOTHER'S MAIDEN NAME: Sue Dent
14. NAME OF HUSBAND OR WIFE: Dorothy
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.: 506-20-7935
17. INFORMANT: Dorothy Morris Address: Oak Grove Mo.

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: 24 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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):
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 9/19/59, to and last saw ~~him~~ her alive on 9/19/59
Death occurred at 8:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John W. Williams (Degree or title) MD
22b. ADDRESS: Oak Grove, Mo
22c. DATE SIGNED: 9/20/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-21-1959
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cem
23d. LOCATION (City, town, or county) (State): Oak Grove Mo
24. FUNERAL DIRECTOR: Neff Funeral Home ADDRESS: Oak Grove Mo
25. DATE RECD. BY LOCAL REG.: 9-21-1959
26. REGISTRAR'S SIGNATURE: D. B. Langford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed R Bruitt

Signature of Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue spring

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