

# FEDERAL BUREAU OF INVESTIGATION FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 19 1959 *77*

59-039428

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. *3016* Registrar's No. *314*

RECEIVED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cole</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>428 East McCarty Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>MRS. ORA GERTRUDE MORROW</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>November 12, 1959</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>6-4-1894</u>	<b>9. AGE (last birthday)</b> <u>65</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>8</u> Hours _____ Min. _____ IF UNDER 24 HR Hours _____ Min. _____			
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Pulaski Co., Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		
<b>13a. FATHER'S NAME</b> <u>William Baker</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mary Capart</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Everett E. Morrow</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>494-38-1107</u>		<b>17. INFORMANT</b> Address <u>Mr. Everett Morrow 428 E. McCarty J.C., Mo.</u>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Melancholic Melancholia</u> DUE TO (b) <u>Primary at skin</u> DUE TO (c) <u>ruptured blood vessel</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>2 year</u>		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE		
21. I attended the deceased from <u>June 15/59</u> to <u>Nov 12/59</u> and last saw her alive on <u>Nov 11/59</u> Death occurred at <u>9:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> (Degree or title) <u>Dean D. Taylor M.D.</u>				<b>22b. ADDRESS</b> <u>Jefferson City Missouri</u>		<b>22c. DATE SIGNED</b> <u>13 Nov 1959</u>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>Nov. 14, 1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Riverview Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Jefferson City, Mo.</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Victor Bueschke</u>				<b>25. DATE RECD. BY LOCAL REG.</b> <u>Nov 13 1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>R.P. Harris, MD - Richter</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Victor Bueschi

Licensed Embalmer No. 370

P. O. Address Y, Cm

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.