

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 20 1959

59-042283

STATE FILE NUMBER

210463

INDEXED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>St. Louis</i>		Length of stay in lb		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer S. Phillip</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>2141 Dickson apt 803</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Otis</i> Middle <i>Morris Jr.</i> Last			4. DATE OF DEATH Month <i>11</i> - Day <i>10</i> - Year <i>59</i>				
5. SEX <i>male</i>	6. COLOR OR RACE <i>negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>9-20-1939</i>	9. AGE (last birthday) <i>20</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Kimlock mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>Otis Morris Sr.</i>			13b. MOTHER'S MAIDEN NAME <i>marion Johnson</i>		14. NAME OF HUSBAND OR WIFE <i>Willie Florence Morris</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>488-40-2679</i>	17. INFORMANT Address <i>2141 Dickson apt 803</i> <i>Willie Florence Morris</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>2nd & 3rd degree burns of 95% of body suffered when deceased lit cigarette causing explosion of Gas in home at Apt. 803 - 2141 Dickson, on Nov. 8th, 1959.</i> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>916.016</i>					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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>See above</i>					
20c. TIME OF INJURY Hour <i>11</i> a.m. <i>8</i> p.m. Month, Day, Year <i>11-8-59</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>213 Home</i>		20f. CITY, TOWN OR LOCATION <i>St. Louis, Mo.</i>		COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at <i>3:15</i> P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Earl Smith M.D.</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>11/13/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-17-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Washington St</i>		23d. LOCATION (City, town, or county) <i>St. Louis mo</i>		23e. STATE	
24. FUNERAL DIRECTOR <i>A.H. Burko 3506 Franklin</i>			25. DATE RECD. BY LOCAL REG. <i>NOV 13 1959</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

mds

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

Leroy W. Daniels

Licensed Embalmer No.

4523

P. O. Address

4251 WASH

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.