

FEDERAL BUREAU OF INVESTIGATION
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JAN - 4 1960

'59 0 4 6 6 3 1

STATE FILE NUMBER

Registration District No. 371 Primary Registration District No. 6259 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY WEBSTER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WEBSTER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL E. BENTON.		Length of stay in 1b 4 YRS		c. CITY OR TOWN FORDLAND		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FORDLAND, RT 1				d. STREET ADDRESS (If outside, give location) ROUTE 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JESSE Middle FRANKLIN Last MORRIS			4. DATE OF DEATH Month DEC Day 20 Year 1959					
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 9-23-1896	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	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 WEBSTER CO MO		11. BIRTHPLACE (City and state or country) USA			12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME RICHARD MORRIS			13b. MOTHER'S MAIDEN NAME NANCY ROSS		14. NAME OF HUSBAND OR WIFE BERTIE MORRIS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I			16. SOCIAL SECURITY NO. 523-12-0297	17. INFORMANT Address MRS BEYLIE MORRIS FORDLAND, MO RT 1				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Acute Circulatory Failure								
DUE TO (b) Coronary Thrombosis								
DUE TO (c) Arteriosclerosis								
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m.	Month, Day, Year							
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		COUNTY	STATE	
21. I attended the deceased from <u>about</u> to <u>10:30A</u> and last saw her/him live on <u>the date stated above</u> . Death occurred at <u>about 10:30A</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Dual Edwards Coroner			22b. ADDRESS Marshfield Mo			22c. DATE SIGNED 12/24/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-24-1959	23c. NAME OF CEMETERY OR CREMATORY SEYMOUR CEMETERY		23d. LOCATION (City, town, or county) SEYMOUR MISSOURI		23e. (State)		
24. FUNERAL DIRECTOR Kelley Ferrell FORDLAND, MO			25. DATE RECD. BY LOCAL REG. DEC. 30-1959	26. REGISTRAR'S SIGNATURE Opal M. Good.				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 8

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

How E. Farrell

Licensed Embalmer No.

4847

P. O. Address

Manassas, Md

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.