

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003039

FILED VS FEB 2 1960

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 36

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>St. Francois</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre,</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois,</u>
Length of stay in 1b <u>1-day</u>		c. CITY OR TOWN <u>Bonne Terre, Mo.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>109 N. B. St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <u>Charles</u>	Middle <u>Louis</u>	Last <u>Morris</u>	Month <u>January</u>	Day <u>29</u> Year <u>1960</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/20/86</u>	9. AGE (last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mining</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Miner, Retired,</u>	11. BIRTHPLACE (City and state or country) <u>East Bonne Terre, Mo., U. S. A.</u>	12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME <u>Taylor Morris</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Boyer</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-03-1361</u>	17. INFORMANT <u>Mrs. Margaret Morris, Bonne Terre,</u> Address	

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 <u>-10 days,</u>
IMMEDIATE CAUSE (a) <u>Acute cholangitis & acute hepatitis</u>		
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		
DUE TO (b) <u>Choledochal stenosis and</u>		
DUE TO (c) <u>choledocholithiasis</u>		<u>??</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	

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u></u> Month, Day, Year <u></u>		
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 Feb. 18, 1959 to Jan. 29, 1960 and last saw ^{him} alive on Jan. 29, 1960
 Death occurred at 1:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Marvin J. Haw, Jr. M.D.</u>	22b. ADDRESS <u>Bonne Terre, Mo.</u>	22c. DATE SIGNED <u>1/30/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1/31/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Marvin Chapel Cemetery</u>
23d. LOCATION (City, town, or county) <u>East Bonne Terre, Missouri</u>		(State)

24. FUNERAL DIRECTOR <u>Sparks Funeral Home Bonne Terre,</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Jan. 30, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>
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(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

Murphy Sparks

Licensed Embalmer No. *4256*

P. O. Address *St. Louis*

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.