URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 14 1960

60-011802
STATE FILE NUMBER

NDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 137

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal
Length of stay in 1b 5 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pallas
c. CITY OR TOWN New London
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural Route 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Sarah Middle Downing Last Morris
4. DATE OF DEATH Month April Day 2 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan. 11. 1891
9. AGE (last birthday) 69
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) New London, Missouri
12. CITIZEN OF WHAT COUNTRY United States
13a. FATHER'S NAME Thomas Barkley
13b. MOTHER'S MAIDEN NAME Ella Lake
14. NAME OF HUSBAND OR WIFE George E. Morris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-42-1833B
17. INFORMANT George E. Morris Address R.R.1 New London

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: acute
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 2/15/50, to 4/2/60 and last saw her/him alive on 4/1/60
Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard J. Murphy (Degree or title) Bernard J. Murphy, M.D., F.A.C.S.
22b. ADDRESS 100 N. 6th, Hannibal, Mo.
22c. DATE SIGNED 4/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 5, 1960
23c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery
23d. LOCATION (City, town, or county) (State) New London, Missouri

24. FUNERAL DIRECTOR Jack Edwards ADDRESS Hannibal, Mo.
25. DATE RECD. BY LOCAL REG. 4/12/60
26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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