

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
ED VS MAY 16 1960

=60-020261

Registration District No. 227 Primary Registration District No. _____ Registrar's No. 112 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Parnell		Length of stay in 1b 10 years		c. CITY OR TOWN Parnell		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Walter Middle _____ Last Morris				4. DATE OF DEATH Month March Day 13 Year 1960					
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 6-2-1877	9. AGE (last birthday) 82	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) Ret. Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Taylor County, Iowa		12. CITIZEN OF WHAT COUNTRY U. S.		
13a. FATHER'S NAME James Morris			13b. MOTHER'S MAIDEN NAME Katherine King			14. NAME OF HUSBAND OR WIFE Maggie May Morris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Maggie May Morris - Parnell, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolus							INTERVAL BETWEEN ONSET AND DEATH 2hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular Dis							INTERVAL BETWEEN ONSET AND DEATH 2yrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Influenza							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 _____ Month, Day, Year _____ a.m. _____ p.m. _____									
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 1959 to 1960 and last saw her/him alive on 3/13/60 Death occurred at 2p m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Date or title) Frank B Matteson M D				22b. ADDRESS Grant City, Mo			22c. DATE SIGNED 3/14/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3- -1960	23c. NAME OF CEMETERY OR CREMATORY Athleston Cemetery		23d. LOCATION (City, town, or county) (State) Athleston, Iowa				
24. FUNERAL DIRECTOR ADDRESS Bill Dunfee, Grant City, Mo				25. DATE RECD. BY LOCAL REG. 5-19 60		26. REGISTRAR'S SIGNATURE Bess Bolt			

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill A. Purlee

Licensed Embalmer No. 4907

P. O. Address Frank Ci

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.