

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027360

FILED VS AUG 1 1960

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 360

ENDED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>		Length of stay in 1b <u>18 yrs</u>		c. CITY OR TOWN <u>Joplin</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>512 Connor Avenue</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>512 Connor Avenue</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>T.</u> Last <u>MORRISON</u>				4. DATE OF DEATH Month <u>July</u> Day <u>22</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>12-9-1889</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	IF UNDER 24 HR Hours <u>    </u> Min. <u>    </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Resturant Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Resturant owner</u>		11. BIRTHPLACE (City and state or country) <u>Chanute, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Henry T. Morrison</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah V. Eden</u>			14. NAME OF HUSBAND OR WIFE <u>Vera B. Morrison</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>511-10-5947</u>	17. INFORMANT Address <u>Mrs. Vera B. Morrison, Joplin, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CANCER of URINARY bladder</u>							INTERVAL BETWEEN ONSET AND DEATH <u>20 mo</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input 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 _____ 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>4-15-60</u> to <u>7-22-60</u> and last saw her/him alive on <u>7-15-60</u> . Death occurred at <u>2:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Samuel O. Allen MD</u>				22b. ADDRESS <u>308 Medical Arts Bldg Joplin Mo</u>			22c. DATE SIGNED <u>7-26-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 25, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-27-1960</u>	26. REGISTRAR'S SIGNATURE <u>Noore Merriam</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0981 8 030

AUG 12 1960

**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 David Allon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

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.