

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029242

XC-19 333 139

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 2120

STATE FILE NUMBER

FILED VS JUL 22 1960

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MORGAN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>FRANKLIN</b>	
Length of stay in 1b <b>3 DAYS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If not in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>EDGAR</b> Middle <b>MORRIS</b> Last <b>MORRIS</b>			4. DATE OF DEATH Month <b>7</b> Day <b>15</b> Year <b>60</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-26-95</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (RETIRED)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>FRANKLIN, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>ALLEN J. MORRIS</b>		13b. MOTHER'S MAIDEN NAME <b>CORRA LEA FANNING</b>		14. NAME OF HUSBAND OR WIFE <b>CHILTON L. MORRIS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>341 14 8303</b>	17. INFORMANT Address <b>MRS. CHILTON L. MORRIS, FRANKLIN, ILLINOIS</b>		

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) <b>CONGESTIVE HEART FAILURE</b>		<b>10 DAYS</b>
DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>		<b>UNDETERMINED</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) <b>DIABETES MELLITUS</b>	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
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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 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 VA **7-12-60** to **7-15-60** and last seen ~~him~~ **XXXXXX**  
Death occurred at **8:40 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>C.M. Schiek</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>VA HOSP. JEFF. BRKS. MO.</b>	22c. DATE SIGNED <b>7-15-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>JULY 18, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>FRANKLIN</b>	23d. LOCATION (City, town, or county) (State) <b>FRANKLIN ILL.</b>
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24. FUNERAL DIRECTOR <b>W. H. Meece</b> ADDRESS <b>Franklin, Ill.</b>	25. DATE RECD. BY LOCAL REG. <b>7-16-60</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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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 <sup>not</sup> embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*W. H. Neece Jr.*

Licensed Embalmer No. 4734

P. O. Address Franklin, O.

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.